

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90150 029 ***163.75

DOCUMENT # S61557

1. Corporation Name

BMX CONSTRUCTION CORPORATION

Principal Place of Business

8600 NW 53 TERR
SUITE 101
MIAMI FL 33166
US

Mailing Address

8600 NW 53 TERR
SUITE 101
MIAMI FL 33166
US

2. Principal Place of Business

21 6175 NW 153 ST.
Suite, Apt. #, etc.

22 403
City & State

23 MIAMI LAKES, FL.
Zip Country

24 33014

25 USA

2a. Mailing Address

26 6175 NW 153 ST.
Suite, Apt. #, etc.

27 403
City & State

28 MIAMI LAKES, FL.
Zip Country

29 33014

30 USA

9. Name and Address of Current Registered Agent

LOYNAZ, BEATRIZ
8600 NW 53 TERR
SUITE 101
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1991

4. FEI Number

65-0299093

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☒

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

LOYNAZ, BEATRIZ

82 Street Address (P.O. Box Number is Not Acceptable)

6175 NW 153 ST.

83 Suite

403

84 City

MIAMI LAKES,

FL

85 Zip Code

33014

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VS
NAME REUS, MANUEL
STREET ADDRESS 19411 E. OAKMONT DRIVE
CITY-ST-ZIP MIAMI FL 33017

TITLE PT
NAME LOYNAZ, BEATRIZ
STREET ADDRESS 20044 W LAKE DR
CITY-ST-ZIP MIAMI FL

TITLE VP
NAME SUDREZ, LEONISILDO
STREET ADDRESS 8600 NW 53RD TERR, SUITE 101
CITY-ST-ZIP MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP MIAMI, FL. 33015

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 20042 W. LAKE DR.
2.4 CITY-ST-ZIP MIAMI, FL. 33015

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS SUDREZ, LEONISILDO
3.4 CITY-ST-ZIP 6175 NW 153 ST. #403
MIAMI LAKES, FL 33014

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0131437

CR2E034 (11/98)