

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Worthington
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V14810** (8)

1. Corporation Name

B.S.E-123, INC.

Principal Place of Business

**9130 SOUTH DADELAND BLVD., SUITE 1705
MIAMI FL 33156**

Mailing Address

**9130 SOUTH DADELAND BLVD., SUITE 1705
MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/18/1992** 3a. Date of Last Report **04/28/1994**

4. FEI Number **65-0316928** 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. **1450 Madruga Avenue**

Suite, Apt. #, etc.

22. **Suite 203**

City & State

23. **Coral Gables, Fl.**

Zip

24. **33146**

Country

25. **USA**

2a. Mailing Address

26. **1450 Madruga Avenue**

Suite, Apt. #, etc.

27. **Suite 203**

City & State

28. **Coral Gables, Fl.**

Zip

29. **33146**

Country

30. **USA**

9. Name and Address of Current Registered Agent

**MICHELSON, LAWRENCE F
9130 S. DADELAND BLVD., #1705
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81. Name **Michelson, Lawrence F.**

82. Street Address (P.O. Box Number is Not Acceptable) **1450 Madruga Avenue**

83. **Suite 203**

84. City **Coral Gables**

FL

85. Zip Code **33146**

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 of person or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when revealing)

DATE

4/25/95

12. OFFICERS AND DIRECTORS

TITLE **PST**
NAME **MICHELSON, LAWRENCE F.**
STREET ADDRESS **9130 SO DADELAND BLVD #1705**
CITY, ST, ZIP **MIAMI FL**

TITLE **D**
NAME **MICHELSON, LAWRENCE F.**
STREET ADDRESS **9130 SOUTH DADELAND BLVD**
CITY, ST, ZIP **MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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 **PST** ☒ Change ☐ Addition
1.2 NAME **Michelson, Lawrence F.**
1.3 STREET ADDRESS **1450 Madruga Avenue, Suite 203**
1.4 CITY, ST, ZIP **Coral gables, Fl. 33146**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Michelson, Lawrence F.**
2.3 STREET ADDRESS **1450 Madruga Avenue, Suite 203**
2.4 CITY, ST, ZIP **Coral Gables, Fl. 33146**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

Lawrence F. Michelson

4/25/95

305-668-9077