

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAR -6 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V51471

(3)

1. Corporation Name

BSG OF MIAMI, INC.

Principal Place of Business

1374 NE 163RD ST.
N. MIAMI BEACH FL 33162

Mailing Address

1374 NE 163RD STREET
N. MIAMI BEACH FL 33162
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/17/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0346848

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

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GLUCK, ROBERT
11900 BISCAYNE BLVD.
SUITE 780
N. MIAMI BEACH FL 33181

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 date of signature

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVTS
NAME	GLUCK, BARRY S
STREET ADDRESS	1265 NE 171 TERRACE
CITY, ST, ZIP	N. MIAMI BEACH FL 33162
TITLE	DCM
NAME	GLUCK, BARRY S
STREET ADDRESS	1374 NE. 163 ST.
CITY, ST, ZIP	N. MIAMI BEACH FL 33162
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

11 TITLE	PVTS	☒ Change	☐ Addition
12 NAME	Gluck, Barry S.		
13 STREET ADDRESS	303 Gardens Drive Apt. 106		
14 CITY, ST, ZIP	Pompano Beach, FL 33069		
21 TITLE	DCM	☒ Change	☐ Addition
22 NAME	Gluck, Barry S.		
23 STREET ADDRESS	303 Gardens Drive Apt. 106		
24 CITY, ST, ZIP	Pompano Beach, FL 33069		
31 TITLE		☐ Change	☐ Addition
32 NAME			
33 STREET ADDRESS			
34 CITY, ST, ZIP			
41 TITLE		☐ Change	☐ Addition
42 NAME			
43 STREET ADDRESS			
44 CITY, ST, ZIP			
51 TITLE		☐ Change	☐ Addition
52 NAME			
53 STREET ADDRESS			
54 CITY, ST, ZIP			
61 TITLE		☐ Change	☐ Addition
62 NAME			
63 STREET ADDRESS			
64 CITY, ST, ZIP			

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 on Block 12 or Block 13, checked, or on an attachment with an address.

SIGNATURE:

Barry S. Gluck

Barry S. Gluck

1/10/95

305-944-2638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER