

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V51471

(3)

1. Corporation Name

BSG OF MIAMI, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

07/17/1992

3a. Date of Last Report

03/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVTs  
NAME GLUCK, BARRY S  
STREET ADDRESS 303 GARDENS DR #106  
CITY-ST-ZIP POMPANO BEACH FL

1.1 TITLE PVTs  
1.2 NAME GLUCK, BARRY S  
1.3 STREET ADDRESS 303 GARDENS DR #106  
1.4 CITY-ST-ZIP POMPANO BEACH FL

TITLE DCM  
NAME GLUCK, BARRY S  
STREET ADDRESS 303 GARDENS DR #106  
CITY-ST-ZIP POMPANO BEACH FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME GLUCK, NATALIE  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME GLUCK, NATALIE  
3.3 STREET ADDRESS 7921 NW 29 ST  
3.4 CITY-ST-ZIP MARGATE, FL 33063

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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 119.07(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:

NATALIE GLUCK 7/21/96 305-944-2638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (12/95)