

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F05088 (2)**

1. Corporation Name  
**BLUE WATERS PROPERTIES, INC.**



Principal Place of Business: **507 CARIBBEAN AVE. P.O. BOX 743 KEY LARGO FL 33037 US**  
Mailing Address: **P. O. BOX 743 KEY LARGO FL 33037 US**

3. Date Incorporated or Qualified: **11/10/1980**  
3a. Date of Last Report: **03/22/1995**

2. Principal Place of Business: **21 107 MARINA AVE**  
Suite, Apt. #, etc.: **22 -**  
City & State: **23 Key Largo FL**  
Zip: **24 33037** Country: **25 MONROE**  
2a. Mailing Address: **26 P.O. Box 743**  
Suite, Apt. #, etc.: **27 -**  
City & State: **28 Key Largo FLA**  
Zip: **29 33037** Country: **30 MONROE**

4. FEI Number: **59-2050923** 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:  
**FERNANDEZ, SANTIAGO  
507 CARIBBEAN DRIVE  
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent:  
81 Name: **SANTIAGO FERNANDEZ**  
82 Street Address (P.O. Box Numbers Not Acceptable): **107 MARINA AVE.**  
83 City: **Key Largo** FL 85 Zip Code: **33037**

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: **Santiago Fernandez (PRES)** DATE: **3-15-96**  
Signature, typed or printed name of registered agent and the title of office. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>DP</b>	<input type="checkbox"/>
NAME	<b>FERNANDEZ, SANTIAGO</b>	
STREET ADDRESS	<b>507 CARIBBEAN DRIVE</b>	
CITY-ST-ZIP	<b>KEY LARGO, FL 00000</b>	
TITLE	<b>DST</b>	<input type="checkbox"/>
NAME	<b>FERNANDEZ, MIRTA E.</b>	
STREET ADDRESS	<b>507 CARIBBEAN DRIVE</b>	
CITY-ST-ZIP	<b>KEY LARGO, FL 00000</b>	
TITLE	<b>M</b>	<input type="checkbox"/>
NAME	<b>GARCIA, SERGIO J</b>	
STREET ADDRESS	<b>78 MARINA AVE</b>	
CITY-ST-ZIP	<b>KEY LARGO FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: **Santiago Fernandez (PRES)** DATE: **3-15-96** (305) 451-0688  
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (12/95)