

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

2a. Mailing Address

21 107 MARINA AVE

26 P.O. Box 743

4. FEI Number
59-2050923

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State

City & State

23 Key Largo FL

28 Key Largo FLA

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 33037

25 MONROE

29 33037

30 MONROE

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

**FERNANDEZ, SANTIAGO
507 CARIBBEAN DRIVE
KEY LARGO FL 33037**

81 Name SANTIAGO FERNANDEZ

**82 Street Address (P.O. Box Number is Not Acceptable)
107 MARINA AVE.**

83

84 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)**

3-15-96

Signature, typed or printed name of registered agent and the if any

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **FERNANDEZ, SANTIAGO**
STREET ADDRESS **507 CARIBBEAN DRIVE**
CITY-ST-ZIP **KEY LARGO, FL 00000**

TITLE **DST** ☐ DELETE
NAME **FERNANDEZ, MIRTA E.**
STREET ADDRESS **507 CARIBBEAN DRIVE**
CITY-ST-ZIP **KEY LARGO, FL 00000**

TITLE **M** ☐ DELETE
NAME **GARCIA, SERGIO J**
STREET ADDRESS **78 MARINA AVE**
CITY-ST-ZIP **KEY LARGO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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 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)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96 (305) 451-0688

Date

Daytime Phone #

CR2E034 (12/95)