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Mar 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F05088 (2)  
1. Corporation Name  
BLUE WATERS PROPERTIES, INC.



Principal Place of Business: 107 MARINA AVE, P.O. BOX 743, KEY LARGO FL 33037 US  
Mailing Address: P. O. BOX 743, KEY LARGO FL 33037-0743 US

3. Date Incorporated or Qualified: 11/10/1980  
3a. Date of Last Report: 03/20/1996  
4. FEI Number: 59-2050923  
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 (21-24)  
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent  
SANTIAGO FERNANDEZ  
107 MARINA AVE  
KEY LARGO FL 33037

10. Name and Address of New Registered Agent (81-85)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FERNANDEZ SANTIAGO	
1.3 STREET ADDRESS	107 MARINA AVE.	
1.4 CITY-ST-ZIP	KEY LARGO FL 33037	
2.1 TITLE	DIRECTOR S.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FERNANDEZ MIRTA E.	
2.3 STREET ADDRESS	107 MARINA AVE	
2.4 CITY-ST-ZIP	KEY LARGO FL 33037	
3.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GARCIA SERGIO J	
3.3 STREET ADDRESS	78 MARINA AVE	
3.4 CITY-ST-ZIP	KEY LARGO FL 33037	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mirte E. Fernandez MIRTA E FERNANDEZ (See Trac) 3/3/97 305-451-0688

CR2E034 (9/96)