

PLEASE NOTE: FILING FEE AFTER MAY 7 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Motman
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 12:42

DOCUMENT # 525710

BLU CARE CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8308 NW 103 ST.
MIAMI FL 33010

8308 NW 103 ST.
MIAMI FL 33010

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified

Date of Last Report

11/7/91

2. Principal Place of Business

2a. Mailing Address

21

26

15-0239008

State, Apt. #, etc

State, Apt. #, etc

22

27

\$8.75 Additional

City & State

City & State

23

28

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

The corporation has liability for intangible tax under S. 160.010
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARIO MENA
8308 NW 103 ST.
MIAMI FL 33010

B1

ARMANDO HERNANDEZ, CPA

B2

520 BILTMORE WAY

B3

B4

CORCIL PALMERS

FL

B5

33134

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 registering)

4/27/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL REGISTERED OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DPT.
MARIO MENA
8308 NW 103 ST.
MIAMI FL 33010

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

Change Addition

500001478725
-05/08/95--01043--013

200.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

Change Addition

T.S. 5/5/95

SIGNATURE:

(Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

(Signature) (Name)