

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 494287 (6)

95 JUL 24 AM 8:43

1. Corporation Name

SOUTH MIAMI BLUEPRINT, INC.

Principal Place of Business

Mailing Address

6811 SW 81 TERRACE
MIAMI FL 33143

6811 SW 81 TERRACE
MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1976

3a. Date of Last Report

03/02/1994

4. FEI Number

59-1635411

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. This corporation is a foreign trust or trust contribution

\$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DONACHIE, STEPHEN
6811 SW 81 TERRACE
MIAMI FL 33143

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) Name of person (name of registered agent and title) (date)

(Signature) Registered Agent (signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDRESSES FOR ALL OFFICERS AND DIRECTORS

TITLE

PD
DONACHIE, STEPHEN
7240 SW 64TH CT
MIAMI, FL 00000

11 TITLE

Change Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY ST ZIP

14 CITY ST ZIP

TITLE

21 TITLE

Change Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY ST ZIP

24 CITY ST ZIP

TITLE

31 TITLE

Change Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY ST ZIP

34 CITY ST ZIP

TITLE

41 TITLE

Change Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY ST ZIP

44 CITY ST ZIP

TITLE

51 TITLE

Change Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY ST ZIP

54 CITY ST ZIP

TITLE

61 TITLE

Change Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY ST ZIP

64 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 Sections 110.07(3)(b), Florida Statutes. I further certify that the information appears 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, changed, or in an attachment with an address.

SIGNATURE:

Steph Donachie
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

6-19-95 305-661-5030
DATE TYPESTAMP

CR2E034 (3/95)