FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:33

DOCUMENT # 626406 (3)

1. Corporation Name
MS. BLT, INC.

Principal Place of Business	Mailing Address
% W.R. MCEWEN 6701 SUNSET DRIVE, STE. 115 MIAMI FL 33143	% W.R. MCEWEN 6701 SUNSET DRIVE, STE. 115 MIAMI FL 33143

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/08/1979
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30):

4. FEI Number: 59-1923685 ☐ 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

BURGESS, BERNEY A.
4307 SEGOVIA STREET
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	11 TITLE	☐ Change ☐ Addition
NAME	LAW, JOHN	12 NAME	
STREET ADDRESS	46 CURTISS PARKWAY	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	BURGESS, BERNEY A.	22 NAME	
STREET ADDRESS	4307 SEGOVIA STREET	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	TOGGWEILER, JOHN	32 NAME	VD
STREET ADDRESS	750 POWDERHORN CIRCLE	33 STREET ADDRESS	Burgess, Margaret
CITY-ST-ZIP	LAKE MARY FL	34 CITY-ST-ZIP	4307 Segovia Street Coral Gables, FL 33146
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	MCEWEN, WILLIAM R.	42 NAME	
STREET ADDRESS	6701 SUNSET DRIVE, #115	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☒ Change ☐ Addition
NAME	SCOTTEN, WRENNA	52 NAME	VD
STREET ADDRESS	6810 W. 10TH AVE	53 STREET ADDRESS	Scotten, Wrenna
CITY-ST-ZIP	HIALEAH FL	54 CITY-ST-ZIP	360 Cambridge Drive Ft. Lauderdale, FL 33326
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 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: William R McEwen, Jr. 7-14-95 305-661-7667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William R McEwen

0184295 CP