FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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~~ C/O Richard SHUTE	% W.R. MCEWEN 6701 SUNSET DRIVE, STE. 115 MIAMI FL 33143

2. Principal Place of Business	2a. Mailing Address
21 1430 ANCONA AVE	26 C/O RICHARD SHUTE
22 Suite, Apt. #, etc.	27 1430 ANCONA AVE
23 City & State: CORAL GABLES FL	28 CORAL GABLES, FL
24 Zip: 33146 25 Country: DADE	29 Zip: 33146 30 Country: DADE

3. Date Incorporated or Qualified: 06/08/1979

3a. Date of Last Report: 04/11/1995

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

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, typed or printed name of registered agent and title if agent is a corporation) (Note: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LAW, JOHN		1.2 NAME	
STREET ADDRESS	46 CURTISS PARKWAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BURGESS, BERNEY A.		2.2 NAME	
STREET ADDRESS	4307 SEGOVIA STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BURGESS, MARGARET		3.2 NAME	
STREET ADDRESS	4307 SEGOVIA STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MCEWEN, WILLIAM R.		4.2 NAME	
STREET ADDRESS	6701 SUNSET DRIVE, #115		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SCOTTEN, WRENNA		5.2 NAME	
STREET ADDRESS	360 CAMBRIDGE DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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)(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.

X **SIGNATURE:** Richard Shute 305-666-3822 3-21-1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)