

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 662401 (9)
1. Corporation Name
BLUE ROOM CORPORATION



Principal Place of Business 2140 W. FLAGLER STE. 109 % CIMA REALTY MIAMI FL 33135	Mailing Address 2140 W. FLAGLER STE. 109 % CIMA REALTY MIAMI FL 33135-1691
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3. Date Incorporated or Qualified 05/06/1980	3a. Date of Last Report 04/09/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number 59-2009652 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent NIETO, BENIGNO S. 2276 S.W. 4TH ST. MIAMI FL 33135	10. Name and Address of New Registered Agent 81 Name Nieto, Benigno S. 82 Street Address (P.O. Box Number is Not Acceptable) 315 N.W. 57 Court. 83 84 City Miami, Fla. FL 85 Zip Code 33126
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PO</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>NIETO, BENIGNO S.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2140 W. FLAGLER #109</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>DE NIETO, CARIDAD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2140 W. FLAGLER #109</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>NIETO, SERGIO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2140 W. FLAGLER #109</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>NIETO, NEISY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2140 W. FLAGLER #109</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PO	<input type="checkbox"/> DELETE	NAME	NIETO, BENIGNO S.		STREET ADDRESS	2140 W. FLAGLER #109		CITY-ST-ZIP	MIAMI FL		TITLE	SD	<input type="checkbox"/> DELETE	NAME	DE NIETO, CARIDAD		STREET ADDRESS	2140 W. FLAGLER #109		CITY-ST-ZIP	MIAMI FL		TITLE	TD	<input type="checkbox"/> DELETE	NAME	NIETO, SERGIO		STREET ADDRESS	2140 W. FLAGLER #109		CITY-ST-ZIP	MIAMI FL		TITLE	V	<input type="checkbox"/> DELETE	NAME	NIETO, NEISY		STREET ADDRESS	2140 W. FLAGLER #109		CITY-ST-ZIP	MIAMI 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 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>33135</td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>33135</td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td>33135</td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td>33135</td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	33135	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	33135	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	33135	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	33135	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	
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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, either on an attachment with an address.

SIGNATURE:  **Benigno S. Nieto**
Date **01/15/97** Daytime Phone # **(305) 541-2715**
0100523

CR2E034 (9/96)