

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90193 021 ***150.00

DOCUMENT # 662401

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1980

4. FEI Number

59-2009652

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address 8300 SW 8th St

21 Suite, Apt. #, etc.

26 66 Mendez-Insua & Co. PA

22 City & State

27 303
28 Miami Florida

24 Zip Country

29 33144 30 U.S.A.

9. Name and Address of Current Registered Agent

NIETO, BENIGNO S.
315 NW 57 COURT
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11867 SW 93rd Terr

83

84 City Miami

FL

85 Zip Code 33186

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

TITLE PD ☐ DELETE
NAME NIETO, BENIGNO S.
STREET ADDRESS 2140 W. FLAGLER #109
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE
NAME DE NIETO, CARIDAD
STREET ADDRESS 2140 W. FLAGLER #109
CITY-ST-ZIP MIAMI FL

TITLE TD ☐ DELETE
NAME NIETO, SERGIO
STREET ADDRESS 2140 W. FLAGLER #109
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE
NAME NIETO, NEISY
STREET ADDRESS 2140 W. FLAGLER #109
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 11867 SW 93rd Terr
1.4 CITY-ST-ZIP Miami FL 33186

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 11867 SW 93rd Terr
2.4 CITY-ST-ZIP Miami FL 33186

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 11867 SW 93rd Terr
3.4 CITY-ST-ZIP Miami FL 33186

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 11867 SW 93rd Terr
4.4 CITY-ST-ZIP Miami FL 33186

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Benigno S. Nieto

2-8-99

Date

305-262-2351

Daytime Phone #

CR2E034 (11/98)

0200373