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May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H78619 (4)

1. Corporation Name
BLUE SAILS, INC.

Principal Place of Business

4236 CHASE AVE
APT. 1503
MIAMI BEACH FL 33140
US

Mailing Address

4236 CHASE AVE
APT. 1503
MIAMI BEACH FL 33140-3008
US

3. Date Incorporated or Qualified
09/30/1985

3a. Date of Last Report
05/01/1996

4. FEI Number

34-1262491

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

2. Principal Place of Business

21 4236 Chase Av.
Suite, Apt. #, etc.

22 City & State
Miami Beach, FL

23 Zip Country
33140 U.S.A.

2a. Mailing Address

26 4236 Chase Av.
Suite, Apt. #, etc.

27 City & State
Miami Beach, FL

28 Zip Country
33140 U.S.A.

9. Name and Address of Current Registered Agent

AMBERS, RITCHIE
4236 CHASE AVE
SUITE 200
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name

Ambers, Ritchie

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

4236 Chase Av

83

84 City

Miami Beach, FL

85 Zip Code

FL 33140

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)

4/22/97

DATE

12. OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE
NAME AMBERS, RITCHIE
STREET ADDRESS 4236 CHASE AVE
CITY-ST-ZIP MIAMI BEACH FL

TITLE DPST ☐ DELETE
NAME AMBERS, EMMA
STREET ADDRESS 4236 CHASE AVE
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 V ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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, or on an attachment with an address.

SIGNATURE:

Ritchie Ambers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97
Date

(705) 538-9837
Daytime Phone #

0192948

CR2E034 (9/96)