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

APPROVED AND FILED

95 APR 17 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K40813** **(3)**

1. Corporation Name

BLUEBERRY SKIES, INC.

Principal Place of Business	Mailing Address
% SANDRA MIOT 4115 KIAORA STREET COCONUT GROVE FL 33133	% SANDRA MIOT 4115 KIAORA STREET COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/25/1988
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21: 3624 Royal Palm Ave
Suite, Apt. #, etc. 22:
City & State 23: Coconut Grove Fl
Zip 24: 33133 Country 25: USA

2a. Mailing Address
26: 3624 Royal Palm Ave
Suite, Apt. #, etc. 27:
City & State 28: Coconut Grove Fl
Zip 29: 33133 Country 30: USA

4. FEI Number: 65-0081682 ☐ 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

MIOT, SANDRA
4115 KIAORA STREET
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

91 Name: Miot SANDRA
92 Street Address (P.O. Box Number Not Acceptable): 3624 Royal Palm Ave
93:
94 City: Coconut Grove FL 95 Zip Code: 33133

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	PD	11 TITLE	☒ Change ☐ Addition PD
NAME	MIOT, SANDRA	12 NAME	Miot SANDRA
STREET ADDRESS	4115 KIAORA STREET	13 STREET ADDRESS	3624 Royal Palm Ave
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Coconut Grove Fl 33133
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	COLLINS, LORENE	22 NAME	
STREET ADDRESS	4115 KIAORA STREET	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☒ Change ☐ Addition S
NAME	MIOT-AMEIL, ANGELA	32 NAME	Miot Angela
STREET ADDRESS	6900 SW 68TH ST, A-203	33 STREET ADDRESS	3624 Royal Palm Ave
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Coconut Grove Fl 33133
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
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: Sandra Miot 3/31/95 305-562-2707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0136301 CP