

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **K40813** (3)
1. Corporation Name
BLUEBERRY SKIES, INC.

Principal Place of Business
**3624 ROYAL PALM AVENUE
COCONUT GROVE FL 33133
US**

Mailing Address
**3624 ROYAL PALM AVENUE
COCONUT GROVE FL 33133
US**

FILED
Jul 29 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	

3. Date Incorporated or Qualified 10/25/1988	
4. FEI Number 65-0081682	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MIOT, SANDRA
3624 ROYAL PALM AVENUE
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MIOT, SANDRA
STREET ADDRESS	3624 ROYAL PALM AVENUE
CITY-STATE-ZIP	COCONUT GROVE FL
TITLE	T
NAME	GOLLING, LORENE
STREET ADDRESS	4446 MIAMI STREET
CITY-STATE-ZIP	MIAMI FL
TITLE	S
NAME	MIOT, ANGELA
STREET ADDRESS	3624 ROYAL PALM AVENUE
CITY-STATE-ZIP	COCONUT GROVE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	GD
1.2 NAME	Sandra Miot, c/o Steve Demar
1.3 STREET ADDRESS	Kaufman, Rossin & Co.
1.4 CITY-STATE-ZIP	2699 S. Bayshore Dr. Miami FL 33133-5486
2.1 TITLE	T
2.2 NAME	Elizabeth Miot, c/o Steve Demar
2.3 STREET ADDRESS	Kaufman, Rossin & Co.
2.4 CITY-STATE-ZIP	2699 S. Bayshore Dr. Miami 33133
3.1 TITLE	S
3.2 NAME	Miot, Angela c/o Steve Demar
3.3 STREET ADDRESS	Kaufman, Rossin & Co.
3.4 CITY-STATE-ZIP	2699 S Bayshore Dr. Miami FL 33133-5486
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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.

SIGNATURE:

Sandra Miot

7/20/98

305-858-5600

CR2E034 (5/98)