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95 MAY -1 AM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **K72348** **(1)**

1. Corporate Name
BLUMVEST, INC.

Principal Place of Business
% PAUL H. FREEMAN
9100 S. DADELAND BLVD., 1406 DATRAN CENTER
MIAMI FL 33156

Mailing Address
% PAUL H. FREEMAN
9100 S. DADELAND BLVD., 1406 DATRAN CENTER
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/13/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or P.O. — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: **59-2138520** — 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 totally or partially tax under § 199 of the Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FREEMAN, PAUL H.
1406 DATRAN CENTER
9100 S. DADELAND BLVD.
MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1908, 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 hereby I the obligations of Section 607.0505, Florida Statutes.

SIGNATURE
Name of Registered Agent (Typed or Printed) — Signature of Registered Agent and Corporate Officer — Date

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	FREEMAN, PAUL H.
STREET ADDRESS	9100 S. DADELAND BLVD.
CITY, ST, ZIP	MIAMI FL

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 19__ — ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information shown on this report or supplemental annual report is true and correct to the best of my knowledge and belief, 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 I am aware of Section 817.155, Florida Statutes, regarding filing a false report.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Paul H. Freeman, President

4/27/95 — Date
305-670-5999 — Daytime Phone #

0187651 CP