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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K75256** **(3)**

1. Corporation Name
BLOOMX INC.

Principal Place of Business	Mailing Address
2732 N.W. 72 AVENUE P O BOX 52-7862 MIAMI FL 33122	2732 N.W. 72 AVENUE P O BOX 52-7862 MIAMI FL 33122

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/24/1989
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business	2a. Mailing Address
21 2630 N.W. 72 Avenue.-	26 2630 N.W. 72 Avenue.-
Suite, Apt. #, etc. 22 P.O. Box 52-7862	Suite, Apt. #, etc. 27 P.O. Box 52-7862
City & State 23 Miami, Florida	City & State 28 Miami, Florida.-
Zip / Country 24 33122 / 25 E.u.	Zip / Country 29 33122 / 30 E.u.

4. FEI Number: 65-0123601 ☐ 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	10. Name and Address of New Registered Agent
ROVIROSA, VIVIAN P. 2732 N.W. 72 AVENUE MIAMI FL 33122	81 Name: Rovirosa, Vivian P.- 82 Street Address (P.O. Box Number is Not Acceptable): 2630 N.W. 72 Avenue.- 83 84 City: Miami FL 85 Zip Code: 33122

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROVIROSA, VIVIAN P. 2732 N.W. 72 AVENUE MIAMI FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Rovirosa, Vivian P. 2630 N.W. 72 Avenue Miami, Fla. 33122	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROVIROSA, RENE F. 2732 NW 72 AVE MIAMI FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Rovirosa, Rene F. 3732 N.W. 72 Avenue Miami, Fla. 33122	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: Vivian Rovirosa January 13, 1995 (305) 594-1172
SIGNATURE AND TITLE OF AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0110869 CP