FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name
BLOOMX INC.

Principal Place of Business
2630 N W 72 AVE
P O BOX 52-7862
MIAMI FL 33122
US

Mailing Address
2630 N W 72 AVE
P O BOX 52-7862
MIAMI FL 33122
US

2. Principal Place of Business		2a. Mailing Address	
21	2630 N.W. 72nd. Ave.	26	2630 N.W. 72nd.Ave.-
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 24	33122	Country 25	E.U.
Zip 29	33122	Country 30	E.U.-

3. Date Incorporated or Qualified: **03/24/1989**	3a. Date of Last Report: **01/26/1995**
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

ROVIROSA, VIVIAN P
2630 N W 72 AVE
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name: ROVIROSA VIVIAN P.=
82 Street Address (P.O. Box Number is Not Acceptable): 2630 N.W. 72nd. Avenue
83
84 City: MIAMI, FL 85 Zip Code: 33122

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. Said 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROVIROSA, VIVIAN P	1.2 NAME	
STREET ADDRESS	2630 NN W 72 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	ROVIROSA, RENE F	2.2 NAME	ROVIROSA RENE F.-
STREET ADDRESS	3732 N W 72 AVE	2.3 STREET ADDRESS	2632 N.W. 72nd. Avenue.-
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FLA. 33122
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I/We 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 added on an attachment with an address.

SIGNATURE: _____ **JANUARY 26, 1996** **(305) 594-1172**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
VIVIAN ROVIROSA .=