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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
2630 N.W. 72ND AVE. P.O. BOX 52-7862 MIAMI FL 33122 US	2630 N.W. 72ND AVE. P.O. BOX 52-7862 MIAMI FL 33122-1306 US

3. Date Incorporated or Qualified: 03/24/1989
3a. Date of Last Report: 02/20/1996

2. Principal Place of Business
21 1450 N.W. 82 AVE.
Suite, Apt. #, etc.
22 P.O.BOX 52-7862
City & State
23 MIAMI, FLA.
Zip 24 33126 Country 25 E.U.

2a. Mailing Address
26 1450 N.W. 82 AVE.-
Suite, Apt. #, etc.
27 P.O.BOX 52-7862
City & State
28 MIAMI, FLA.
Zip 29 33126 Country 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

ROVIROSA, VIVIAN P.
2630 N.W. 72ND 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): 1450 N.W. 82 AVE.-
83
84 City: MIAMI, FLA. FL 85 Zip Code: 33126

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, type 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	D	☐ DELETE	1.1 TITLE	==PRESIDENT===	☒ Change ☐ Addition
NAME	ROVIROSA, VIVIAN P		1.2 NAME	ROVIROSA VIVIAN P.=	
STREET ADDRESS	2630 NN W 72 AVE		1.3 STREET ADDRESS	1450 N.W. 82 AVE.-	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FLA. 33126	
TITLE	D	☐ DELETE	2.1 TITLE	VICE-PRESIDENT=	☒ Change ☐ Addition
NAME	ROVIROSA, RENE F		2.2 NAME	ROVIROSA RENE F.-	
STREET ADDRESS	2632 N.W. 72ND AVE.		2.3 STREET ADDRESS	1450 N.W. 82 AVE.-	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FLA. 33126	
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 (9/96)

14. I do 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: _____ MARCH-31- 1997 (305)594-1172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LUIS

0162039