## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # K97796** 

(2)

BIG BLUE, INC. Principal Place of Business Mailing Address 1450 N.W. B2ND AVENUE 1450 N.W. B2ND AVENUE MIAMI FL 33126 MIAMI FL 33126-1508 3. Date Incorporated or Qualified 3a. Date of Last Report 06/19/1989 03/20/1996 Mailing Address
2031 NW 2. Principal Place of Business 4. FEI Number Applied For 79 AVE 2031 NW 79 AVE 65-0135036 26 Not Applicable Suite, Apt. #, etc. Suite Apt # etc \$8.75 Additional 5. Certificate of Status Desired 双 Fee Required 22 27 City & State Oity & State: 6. Election Campaign Financing \$5.00 May Be (MAIM WHIM 23 28 Trust Fund Contribution Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032, 33122 US 29 Florida Statutes Yes No 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name DILLON, ENRIQUE 1450 N.W. 82ND AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 2031 **MIAMI FL 33126** 83 Zip Code 3312 84 City MIAMI 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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. Signar ire, typed or printed hame of registereo agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (96/6)12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, Change **PSD** \_\_\_ Addition 1011 DELETE 1.1 TITLE DILLON, ENRIQUE 1.2 NAME NAME **25E034** 79 AVE 2031 NW 1450 N.W. 82ND AVE STREET ADDRESS 1.3 STREET ADDRESS FL 33122 **MIAMI FL 33126** CITY-\$1-20 1.4 CITY - ST- ZIP DELETE Change Addition HILE VTD 2.1 TITLE DELL'OCA, MARTIN NAME 2.2 NAME 385 HAMPTON LANE 2031 NW 79 AVE STREET ADDRESS 2.3 STREET ADDRESS **KEY BISCAYNE FL 33149** Cally - S1 - 7df 2. 4 CITY-ST-ZIP MIAMI , FL 33122 Addition \_\_\_ DELETE ☐ Change 3.1 TITLE THE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ACORESS CHY-ST-ZIF 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THEF MAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP C(1Y+S1-2# □ DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME 53 STREET ADDRESS STREET ADDRESS 54 CITY - ST-ZIP CITY-ST-Zi Change Addition Till: F DELETE 61 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 64 City-St-ZiP DOY-ST-76 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 and cated 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

SIGNATURE:

appears in Block 12 or Block 13 if changed

WEST OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

or on an attachment with an address.

1/29/17

(30\$) 594-8018

FILED

Apr 17 1997 8:00am

Secretary of State