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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # L48416 (6)

AMENDED

1. Corporation Name
BLAWAL, INC.

[redacted]

Principal Place of Business	Mailing Address
~~% STANTON G. LEVIN~~ ~~1570 MADRUGA AE #311~~ ~~CORAL GABLES FL 33146~~	% STANTON G. LEVIN 1570 MADRUGA AE #311 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/02/1990

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 c/o Fishman 1455 NW 14 St	26 c/o Fishman 1455 NW 14 St	65-0184009	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Miami Fla	City & State 28 Miami, Fla	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33125 25 USA	Zip / Country 29 33125 30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEVIN, STANTON G. 1570 MADRUGA AVE SUITE 311 CORAL GABLES FL 33146	81 Name Jacob Fishman 82 Street Address (P.O. Box Number is Not Acceptable) 1455 NW 14 St 83 84 City Miami FL 85 Zip Code 33125

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	D ☐ DELETE	1.1 TITLE	PRES/SECY/DIR ☑ Change ☐ Addition
NAME	WALKER, ALBERT C.	1.2 NAME	WALKER, ALBERT C.
STREET ADDRESS	2244 FISHER ISLAND DR	1.3 STREET ADDRESS	2244 FISHER ISLAND DR
CITY-ST-ZIP	FISHER ISLAND FL	1.4 CITY-ST-ZIP	FISHER ISLAND FL
TITLE	~~AS~~ ☐ DELETE	2.1 TITLE	~~AGENT~~ ☑ Change ☐ Addition
NAME	~~LEVIN, STANTON G.~~	2.2 NAME	~~LEVIN, STANTON G~~
STREET ADDRESS	~~1570 MADRUGA AVE #311~~	2.3 STREET ADDRESS	~~1570 MADRUGA AVE #311~~
CITY-ST-ZIP	~~CORAL GABLES FL~~	2.4 CITY-ST-ZIP	~~CORAL GABLES FL 33146~~
TITLE	☐ DELETE	3.1 TITLE	Asst. Sec. ☑ Change ☐ Addition
NAME		3.2 NAME	Jacob Fishman
STREET ADDRESS		3.3 STREET ADDRESS	1455 NW 14 Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, Fla 33125
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	100002632121
STREET ADDRESS		4.3 STREET ADDRESS	-09/04/98--01064--008
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***61.25
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	

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14. I hereby 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