

FILE NOW: FILING FEE AND/OR MAY 1 IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L72423
1. Corporation Name

BLUE FIN INTERNATIONAL, INC.

W97-15751

Principal Place of Business

Mailing Address

7531 NW 52nd Street
Miami, FL 33166

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Miami, FL 33166

FILED

97 JUL 18 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 910-97

3. Date Incorporated or Qualified 5-11-90 3a. Date of Last Report 04/20/96

4. FEI Number 65-0194645 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

81 Name Guillermo Andrade, CPA
82 Street Address (P.O. Box Number is Not Acceptable)
83 520 Biltmore Way
84 City Coral Gables FL 85 Zip Code 33134

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

Signature typed or printed name of registered agent and the name of the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

GUILLERMO ANDRADE

4/28/97

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Luis H. Rodriguez	
STREET ADDRESS	8185 SW 85 Terrace	
CITY - ST - ZIP	Miami, FL 33143	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	David Partridge	
STREET ADDRESS	8186 SW 85 Terrace	
CITY - ST - ZIP	Miami, FL 33143	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Ninoska Rodriguez-Partridge	
STREET ADDRESS	8186 SW 85th TER	
CITY - ST - ZIP	Miami, FL 33143	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	4000002245984--2
14 CITY - ST - ZIP	-07/23/97--01141--001
21 TITLE	****915.00 ****0115.00
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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

305-888-7518

CR2E034 (9/96)