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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem

Secretary of State
DIVISION OF CORPORATIONS

<u>, 1997</u>

DOCUMENT #

1. Corporation Name

Etil D Blue Star Corporation

10631 S.W. 103rd Street

MIAMY, FI 33176-2738

FILED May 28 1997 8:00am Secretary of State

10631 SW. 103rd Street Hlami, Fl 33176-2738							
Principal Place of Business 11155 SW. 112th AVE 10631 SW 103rd Street WIAMI F1 33176 Mailing Address 10631 SW 103rd Street WIAMI, F1 33176					3. Date Incorporated or Qualified	3a. Date of Last F	Report
2. Principal Place of Business 2a. Mairing Address					4. FEI Number	I IA	pplied For
21				_	65-0194597	<u> </u>	ol Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	Additional
22 City & Stat	ρ.	City & State	City & State		C. Flashin Consider Financia		equired
23 28					6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	h		Count	ıry	8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes		
24 25 29 30 9. Name and Address of Current Registered Agent				· · · · · · · · ·	Florida Statutes 10. Name and Address of New Reg		
R1 Namo						Instaled Agent	
Michael J. Zimmerman, epa 13330 s.u. 128 Street Ulami, Fl 33186				2 Street Add	Address (P.O. Box Number is Not Acceptable)		
				3			
MIH	11, 1 80180		Ľ	3			
			В	4 City		FL 85 Zip	Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorida 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 puriod name of registered agent and title if applicable (NOT). Registered Agent signature required when reinstating). DATE							
12.	OFFICERS AND		13.	, , , , , , , , , , , , , , , , , , , ,	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	muste Arazi 10631 SW. 103rd St. 1381		1.1 Ti7(1			☐ Change	Addition &
NAME			1.2 NAM				F034
STREET ADDRESS				ET ADDRESS			
CITY+ST-ZIP TITLE			2.1 1010	- ST - 7/P		Change	Addition C
NAME	Ectles Arazi 10681 S.W. 103 d St. 238 240 240 240		2.2 NAM	ļ			
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP				- S1 - 21P			
TITLE ,			31 TALE)		∐ Change	☐ Addition
NAME STREET ADDRESS			3.2 NAM 3.3 STRE	FT ADDRESS			
CITY+ST+ZIP				- S1 - ZIP			
TITLE			4.1 TITU			☐ Change	Addition
NAME			4 2 NAN	10			}
Street address			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP		Decision	4.4 CITY				Addition
TITLE		☐ DELETE 51 TIT			90000220	☐ Change ☐ / 	
NAME DEDCET ADDRESS			52 NAM	FT ADDRESS	900002204 -06/06/9701103-	03045	
STREET ADDRESS CITY-ST-ZIP			5.3 STHL		***165.00		1
TITLE		☐ DELETE	61 TITLE			Сћалде	Addition
NAME	_ _		62 NAM	E		PE	
STREET ADDRESS	63.5		6.3 STRE	ET ADDRESS			28
			6.4 CITY				
14. I do hereb	by certify that the information supplied	I with this filing does not qual	lity for the ex	curate and the	ed in Section 119.07(3)(i), Flor da Statutes,	. I further certify that	The

Information into an indicate the same legal effect as it made under eath; 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 or an attachment with an address.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

5/21/97

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