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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L97535

1. Corporation Name

BLUE SEAS BEACH RESORT, INC

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90005 009 ***150.00

BLUE SEAS BEACH RESURT, INC.											
Principal Place	e of Business	Mailing Ad	dress					BILL BEBEL BIBEL DE	8 11 81841 81	(8)) B)B)) 1883	
17315 COLLINS AVENUE 17315 COLLINS AVENUE											
MIAMI BEACH FL 33160 MIAMI BEACH FL 33160						_	DO MOT MOTE IN THE CRASE				
}						DO NOT WRITE IN THIS SPACE					
						3. Date incorporated	d or Qualified				
Principal Place of Business 2a. Mailing Address						09/04/1990 4. FEI Number			I Apr	olied For	
├ ─ ┐						4. FEI NUMBER	65-02	16756	Not	Applicable	
25 26				-		00-066-1000	D D D D D D D D D D			dditional	
22 27.			•			5. Certifcate of State	us Desired		Fee Re		
City & State C			City & State			6. Election Campaig	n Financing		5.00	Mav Be	
23 28						Trust Fund Contr			Added to	•	
Zip	Zip Country Zip			Country		8. This corporation	owes the current	year Intangib	le		
24	25	29	[3	0		Personal Propert	y Tax.	X	'es	□No	
	9. Name and Address of Current	Registered A	gent			10. Name and Addr	ess of New Reg	istered Ager	ıt		
l co	EDED STEVENILL			81	Name						
	ERER, STEVEN L.J.			82	Street Ad	dress (P.O. Box Number i	s Not Acceptable	9)			
) ne miami gardens dr. Ith miami beach fl 33180					un					
I NOR	THE MIAMI BEACH PE 33 160			83	3						
				84	City			F- 85	Zip C	ode	
007.0500					<u> </u>			FL °	j	intered	
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 a	m familiar with, and accept the obligati	ons of, Section	607.0505, Florid	a Statute	S .						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: P	enistered And	ent einneture requi	ired when reinstating)		DATE .			
12.	Signature, typed or printed name of registered agent							LIAILE			
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14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/5/99

305-945-3551

Daytime Phone :