

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR -5 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98846 (3)

1. Corporation Name

BLUE POINT PROPERTIES INC.

Principal Place of Business

**% LOEB, BLOCK & WACKSMAN
505 PARK AVENUE, SUITE 900
NEW YORK NY 10022**

Mailing Address

**% LOEB, BLOCK & WACKSMAN
505 PARK AVENUE, SUITE 900
NEW YORK NY 10022**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/11/1990

3a. Date of Last Report

03/21/1994

4. FEI Number

58-1919747

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORTHMAN & BLOOM, P.A.
1101 BRICKELL AVENUE, SUITE 1400
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	FURMAN, MARRIANA
STREET ADDRESS	444 BRICKELL AVE #420
CITY-ST-ZIP	MIAMI FL
TITLE	DVP
NAME	FURMAN, SABA
STREET ADDRESS	444 BRICKELL AVE #420
CITY-ST-ZIP	MIAMI FL
TITLE	DS
NAME	FURMAN, ALBERTO
STREET ADDRESS	444 BRICKELL AVE #420
CITY-ST-ZIP	MIAMI FL
TITLE	DT
NAME	FURMAN, CAROL
STREET ADDRESS	444 BRICKELL AVE #420
CITY-ST-ZIP	MIAMI FL
TITLE	AS
NAME	Selzer, Herbert M.
STREET ADDRESS	505 Park Avenue, 9th Floor
CITY-ST-ZIP	New York, New York 10022
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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****200.00 ****200.00**

4/6/95

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 its recover 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 in an attachment with an address.

SIGNATURE:

Herbert M. Solzer, Assistant Secretary 3/20/95

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Press #