FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

AND FILED

95 MAY -1 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M09633** **(2)**

1. Corporate Name
DEEP BLUE, INC.

Principal Place of Business
3300 RICE STREET
6
MIAMI FL 33133
US

Mailing Address
3300 RICE STREET
6
MIAMI FL 33133
US

(Typed or Printed, this SPACE)

3. Date Incorporated or Qualified: **01/04/1985**
3a. Date of Last Report: **05/01/1994**

2. Place of Place of Business
21
Suite Apt # or
22
City & State
23
Zip
24 25

2a. Mailing Address
26
Suite Apt # or
27
City & State
28
Zip
29 30

4. FEI Number: ~~59-2650490~~ 59-2656440
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Elections Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent
KNAUS ROBERT
3300 RICE STREET #6
MIAMI FL 33133

10. Name and Address of New Registered Agent
81 Name: SANDRA L. ADAMS
82 Street Address (P.O. Box Numbers Not Acceptable): 3300 Rice St. #6
83
84 City: MIAMI FL 85 Zip Code: 33133

11. Pursuant to the provisions of Section 607.0505, F.S. (1989) 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. The 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 my position as set forth in 607.0505, Florida Statutes.

SIGNATURE: [signature] [signature] 4/28/95

12. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	KNAUS, ROBERT
STREET ADDRESS	149 NORTH CANAL DRIVE
CITY ST ZIP	HOMESTEAD FL
TITLE	DP
NAME	ADAMS SANDRA
STREET ADDRESS	3300 RICE STREET
CITY ST ZIP	MIAMI FL

13. ADDITION, CHANGE OF OFFICER AND DIRECTORS

TITLE	☒ Change ☐ Addition
NAME	delete
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

14. I hereby certify that the information supplied with this report, updated, corrected and completed, for the corporation named in Section 1 of this Florida Profit Corporation Annual Report, that the information indicated on the annual report or supplemental annual report is true and complete and that the corporation has complied with all provisions of Chapter 607, Florida Statutes, and that its name appears above, or in Section 9 of the Change of Registered Agent and/or Registered Office Address.

SIGNATURE: [signature] 4/28/95 305-461-6841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0135069 CP