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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

C/O HAYDEE I. ELIAS

7805 SW 98 CT.

MIAMI FL 33173

21

22

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name M50926

(8)

BLUE BANQUET HALL SOUTH, INC.

Country

9. Name and Address of Current Registered Agent

25

ELIAS, HAYDEE I. 7805 SW 88 CT.

MIAMI FL 33173

Mailing Address

7805 SW 88 CT.

MIAMI FL 33173

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

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29

C/O HAYDEE I. ELIAS

FILED Feb 19 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/23/1987 FEI Number Applied For 59-2808627 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 8. This corporation owes or has paid the current year Intangible ☐ No X Yes

Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) ВЗ

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.

84 City

Country

30

SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE D 1.1 TITLE Change Addition TITLE ELIAS, HAYDEE I. NAME 1.2 NAME 7805 SW 88 CT. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE D 21 TITLE CARRERAS, ROSA M 2.2 NAME 7805 SW 88 CT. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE ___ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY-ST-ZIP 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.

SIGNATURE:

Rosa M. Carreras

472

805) 261-2001

SIGNATURE

Rosa M. Carreras

(305) 261-2001

Zip Code