

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **M57072 (4)**

1. Corporation Name

**BLUE TECH, INC.**



Principal Place of Business

**2600 N.W. 72ND AVENUE  
MIAMI FL 33122**

Mailing Address

**2600 N.W. 72ND AVENUE  
MIAMI FL 33122**

2. Principal Place of Business

2a. Mailing Address

21 **2201 NW 102nd PLACE**

26 **2201 NW 102nd PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **BAY # 3 & 4**

27 **BAY # 3 & 4**

City & State

City & State

23 **MIAMI, FLORIDA**

28 **MIAMI, FLORIDA**

Zip

Zip

24 **33172**

Country

Country

25 **DADE**

29 **33172**

Country

30 **DADE**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**08/10/1987**

3a. Date of Last Report

**02/20/1995**

4. FEI Number

**59-2832537**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

**MAIA, CARLOS A.  
8914 SW 150TH PLACE CIRCLE  
MIAMI FL 33196**

81 Name

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

**10299 NW 56 terrace**

83

84 City

**MIAMI**

FL

85 Zip Code

**33178**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-4-96**

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

NAME  
**CEO  
MAIA, CARLOS A.  
8914 SW 150TH PLACE CIR.  
MIAMI FL**

11.2 TITLE ☒ DELETE

NAME  
**CD  
MAIA, CARLOS A  
8914 SW 150TH PLACE CIRCLE  
MIAMI FL**

11.3 TITLE ☒ DELETE

NAME  
**ODILON, VELHO  
555 NE 34TH STREET  
MIAMI FL**

11.4 TITLE ☐ DELETE

NAME  
**S  
CUERVO, WILLIAM  
7508 CUTLAS AVENUE  
NORTH BAY VILLAGE FL**

11.5 TITLE ☐ DELETE

NAME  
**CUERVO, WILLIAM**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☒ Change ☐ Addition

NAME  
**PRESIDENT  
MAIA, CARLOS A.  
10299 NW 56 TERRACE  
MIAMI, FLORIDA 33178**

13.2 TITLE ☐ Change ☐ Addition

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **William Cuervo**

**3-4-96 305 477-3050**

CR2E034 (12/95)