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

or an attachment with an address

FILED PROFIT May 15 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT** # M57072 (4)**BLUE TECH, INC.** Principal Place of Business Mailing Address 2201 NW 102ND PLACE 2201 NW 102ND PLACE BAY 3 & 4 BAY 3 & 4 DO NOT WRITE IN THIS SPACE MIAMI FL 33172 MIAMI FL 33172 3. Date Incorporated or Qualified 08/10/1987 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 10400 NW 33 ST 10400 NW 335T 59-2832537 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired SUITE # 110 Fee Regulred City & State \$5.00 May Be 6. Election Campaign Financing MIAM 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible DADE 29 DADE Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name MAIA, CARLOS A. 10299 NW 56 TERRACE **B2** Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33178 83 84 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE Change Addition TITLE 1.1 TITLE MAIA, CARLOS A. NAME 1.2 NAME **10299 NW 56 TERRACE** STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE Change **CUERVO. WILLIAM** NAME 2.2 NAME 7508 CUTLAS AVENUE STREET ADDRESS 2.3 STREET ADDRESS NORTH BAY VILLAGE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE TITLE 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 TIFLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 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 eath; 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

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