FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:05

DOCUMENT # N94000004771 (1)

1. Corporation Name

THE BLUE LAKES ELEMENTARY WORLD CENTER BOOSTER C LUB, INC.

Principal Place of Business	Mailing Address
9250 SW 52ND TERRACE MIAMI FL 33165	9250 SW 52ND TERRACE MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1994
3a. Date of Last Report:
4. FEI Number: 65-0524454 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MARKO, DAVID E
ONE BISCAYNE TOWER SUITE 2600
TWO SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131-1802

10. Name and Address of New Registered Agent

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] 4/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	CORDLE, BARBARA	12 NAME		
STREET ADDRESS	9250 SW 52ND TERRACE	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, IRENE	22 NAME		
STREET ADDRESS	9250 SW 52ND TERRACE	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	ALVERS, LOUANNE	32 NAME		
STREET ADDRESS	9250 SW 52ND TERRACE	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE	Corresponding Secy.	☒ Change ☐ Addition
NAME	GARCIA, SUSIE	42 NAME	Long, Renee	
STREET ADDRESS	9250 SW 52ND TERRACE	43 STREET ADDRESS	9250 SW 52 Terr.	
CITY-ST-ZIP	MIAMI FL 33165	44 CITY-ST-ZIP	Miami, Fl. 33165	
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	LOPEZ, VIVIAN	52 NAME		
STREET ADDRESS	9250 SW 52ND TERRACE	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Cordle 3/13/95 442-1318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043842