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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

583493-90011-20



NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003969			
1. Corporation Name BLUE STAR I CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2129 N.W. 20TH STREET MIAMI FL 33142		Mailing Address 2129 N.W. 20TH STREET MIAMI FL 33142	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		2a. Suite, Apt. #, etc.	
22. City & State		2b. City & State	
23. Zip		2c. Zip	
24. Country		2d. Country	
25. State		26. State	
27. Zip		28. Zip	
29. Country		30. Country	
31. Name and Address of Current Registered Agent		32. Name and Address of New Registered Agent	
33. Name JOSE LOPES		34. Name JOSE LOPES	
35. Street Address 2129 N.W. 20TH STREET		36. Street Address 2129 N.W. 20TH STREET	
37. City MIAMI		38. City MIAMI	
39. State FL		40. State FL	
41. Zip 33142		42. Zip 33142	
11. Pursuant to the provisions of Sections 617.6502 and 617.6503, 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 617.6503, Florida Statutes.			
SIGNATURE [Signature] DATE 4-10-99			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE SD			
1.2 NAME JOSE LOPES			
1.3 STREET ADDRESS 2129 N.W. 20TH STREET			
1.4 CITY-ST-ZIP MIAMI FL 33142			
1.5 TITLE SD			
1.6 NAME JOSE LOPES			
1.7 STREET ADDRESS 2129 N.W. 20TH STREET			
1.8 CITY-ST-ZIP MIAMI FL 33142			
1.9 TITLE SD			
1.10 NAME JOSE LOPES			
1.11 STREET ADDRESS 2129 N.W. 20TH STREET			
1.12 CITY-ST-ZIP MIAMI FL 33142			
1.13 TITLE SD			
1.14 NAME JOSE LOPES			
1.15 STREET ADDRESS 2129 N.W. 20TH STREET			
1.16 CITY-ST-ZIP MIAMI FL 33142			
1.17 TITLE SD			
1.18 NAME JOSE LOPES			
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1.25 TITLE SD			
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1.94 NAME JOSE LOPES			
1.95 STREET ADDRESS 2129 N.W. 20TH STREET			
1.96 CITY-ST-ZIP MIAMI FL 33142			
1.97 TITLE SD			
1.98 NAME JOSE LOPES			
1.99 STREET ADDRESS 2129 N.W. 20TH STREET			
1.100 CITY-ST-ZIP MIAMI FL 33142			

14. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 reporter 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, with all other persons empowered.

SIGNATURE **[Signature]** SIGNATURE REQUIRED

4/10/99 305-638-9107

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