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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000002619 (4)

BLISSCO PROPERTIES, INC.

Principal Place of Business Mailing Address 9111 SW 151 AVE RD 15600 SW 288 ST. MIAMI FL 33198-1313 **SUITE 312** MIAMI FL 33030 3. Date Incorporated or Qualified 3a. Date of Last Report 04/10/1996 11/06/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0415849 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 28 Trust Fund Contribution Added to Fees 23 Country Ζıρ Zıp This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CHOOS, S S 15800 SW 288 ST. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 312** 83 **HOMESTEAD FL 33030** 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, typod or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition DPS 1.1 TITLE TITLE BLISSETT, ANTHONY W 1.2 NAME NAME 9111 SW 151ST AVE RD 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33198** 1.4 CITY-ST-ZiP CITY - ST-ZIF DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - \$1 - 20 DELETE Change Addition 3.1 TITLE THE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE NAM: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 5.4 CITY - ST - 2(P DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

4/8/97

Daytime Phone #

14. I do 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 bit the comparation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

ment with an address.