SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. 'AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sendra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(3)

APPROVED

97 AUG -1 PH 1: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

BLR BU	SINESS SY	/STEMS, INC.							
Principal Place 4400 S.W. 89Ti				Mailing Address PO 80X 830624					
MIAMI FL 3316				MIAMI FL 33283-0624					
							DO NOT WRI 3. Date Incorporated or Qualified	TE IN THIS SPACE 3a. Date of La	el Report
							12/30/1992	05/01/199	
2. Principal P	lac e of B usine	ess	2e, Mailing Address				4. FEI Number		Applied For
21			26				65-0380365		Not Applicable
Suite, Apt.	#, etc.		<u>├</u> ──¬	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & State	е			City & State			6. Election Campaign Financing	\$5.	.00 May Be
23			28				Trust Fund Contribution Added to Fees		
Zip 24		Country	Zip		Country		8. This corporation owes or has present the Personal Property Tax due Jur	· — ·	ar Intangible
24 25 29 :					30		10. Name and Address of New F		LJ NO
	JN, JAMES .	J	<u> </u>		81	Name			
4400 S.W. 89TH AVENUE					82	Street Ad	dress (P.O. Box Number is Not Accept	able)	
MIAMI FL 33165					83	· -	20 200 200 200 200 200 200 200 200 200		
					63	_	400002	29701117-	-005
					84	City		73. 7 6 L *** *	
11. Pursuant	to the provisio	ns of Sections 607.05	02 and 607.1508, F	lorida St a tut	tes, the above	e-named co	progration submits this statement for the	purpose of changi	na its registered
agent. I a	egisiered age im <mark>fam</mark> iliar with	nt, or both, in the Stati n, and accept the obliq	e of Florida. Such di gations of, Section €	nange was 607.0505, Fl	aumonzed by orida Statutes	the corpor i.	ation's board of directors, I hereby acc	ept the appointmen	n as registered
SIGNATURE	Clouble broad o	r printed name of registered as	and and the if englands	(NO)	E. Donistored Acc	ni cianat un roc	guired when reinstating)	DATE	
12.			ND DIRECTORS	(140)	13.	in signature rec	ADDITIONS/CHANGES TO OFF		TORS IN 12
TITLE	PD			DELETE	1.1 TITLE			☐ Char	nge 🔲 Addition
NAME	FIDLIN, JA				1.2 NAME				1
STREET ADDRESS	LAIALAI EL 221RE			1.3 STREET ADDRESS		l l			
CITY-ST-ZIP TITLE	STD			DELETE	1.4 City-S 2.1 Title	T-ZIP		Char	nge Addition
NAME	FIDLIN, JA		_		2.2 NAME				
STREET ADDRESS		89TH AVENUE			2.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL	33165			2, 4 CITY - S	ST-ZIP			
TITLE			L.	DELETE	3.1 TITLE			☐ Char	nge L. Addition
NAME STREET AROUSESS					3.2 NAME	ADDRESS			
STREET ADDRESS City-St-Zip	•				3.3 STREFT 3.4. CITY-5	1			
TITLE	· · · · · · · · · · · · · · · · · · ·		T	DELETE	4.1 TITLE			☐ Char	nge 🔲 Addition
NAME					4, 2 NAME				
STREET ADDRESS	•				4.3 STREET				
CITY-ST-ZIP				DELETE	4.4 CiTY - S	T- ZIP		Char	nge
TITLE NAME			L	, ottett.	5.1 TITLE 5.2 NAME	ļ	4	L. Criai	a. □ woomon
STREET ADDRESS					5.3 STREET	ADDRESS	16		
CITY-ST-ZIP					5.4 City-S	i a	N815		
TITLE			L	DELETE	61 TITLE	18	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Char	nge Addition
NAME					62 NAME				
STREET ADDRESS					6.3 STREET		•		
CITY-ST-ZIP					6.4 CITY-S	I-ZIP	•		

14. Ido 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 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.

305 5534380 VAMES W.