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Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000003159 (9)

1. Corporation Name
BLUESEAS HOLDINGS, INC.



Principal Place of Business: 2333 PONCE DE LEON BLVD SUITE 650 CORAL GABLES FL 33134
Mailing Address: 2333 PONCE DE LEON BLVD SUITE 650 CORAL GABLES FL 33134-5418

3. Date Incorporated or Qualified: 01/13/1993
3a. Date of Last Report: 05/24/1996

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, City & State, Zip, and Country.
4. FEI Number: 65-0426372
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: GUTTMAN, RICHARD, 2333 PONCE DE LEON BLVD SUITE 650 CORAL GABLES FL 33134
10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, State (FL), and 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) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CUTILLAS, MANUEL J [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	CUTILLAS, MANUEL J	1.2 NAME	
STREET ADDRESS	2333 PONCE DE LEON BLVD SUITE 650	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	S GUTTMAN, RICHARD [] DELETE	2.1 TITLE	[] Change [] Addition
NAME	GUTTMAN, RICHARD	2.2 NAME	
STREET ADDRESS	2333 PONCE DE LEON BLVD., SUITE 650	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	AS DEL VALLE, IGNACIO G [] DELETE	3.1 TITLE	[] Change [] Addition
NAME	DEL VALLE, IGNACIO G	3.2 NAME	
STREET ADDRESS	2333 PONCE DE LEON BLVD SUITE 650	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	
TITLE	V BLANCO, FRANCISCO JR [] DELETE	4.1 TITLE	[] Change [] Addition
NAME	BLANCO, FRANCISCO JR	4.2 NAME	
STREET ADDRESS	2720 CORAL WAY 4TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	4.4 CITY-ST-ZIP	
TITLE	T GROSS, JORGE [] DELETE	5.1 TITLE	[] Change [] Addition
NAME	GROSS, JORGE	5.2 NAME	
STREET ADDRESS	3000 FIRST UNION FINANCIAL CENTER	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	5.4 CITY-ST-ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 its 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 if an attachment with an address.

SIGNATURE: Manuel J. Cutillas Jan. 20/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)