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Secretary of State

03-01-1999 90095 026 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000038592**

1. Corporation Name
BLUE MESA TRADING COMPANY, INC.



Principal Place of Business	Mailing Address
10401 N COMMUNITY HOUSE RD CHARLOTTE NC 28277 US	10401 N COMMUNITY HOUSE RD CHARLOTTE NC 28277 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	05/28/1993
4. FEI Number	65-0429539
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 9924 Paradise Ridge Rd	26 9924 Paradise Ridge Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Charlotte NC	28 City & State Charlotte NC
24 Zip NE 28277 Country USA	29 28277 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MIDDLEBROOKS, PAMELA M ESQ 2734 E OAKLAND PRK BLVD STE 200 FT LAUDERDALE FL 33306	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVDA, BONNIE	1.2 NAME	
STREET ADDRESS	0401 N COMMUNITY HOUSE RD	1.3 STREET ADDRESS	9924 Paradise Ridge Rd.
CITY-ST-ZIP	CHARLOTTE NC 28277	1.4 CITY-ST-ZIP	Charlotte, NC 28277
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVDA, MAHESH	2.2 NAME	
STREET ADDRESS	10401 N COMMUNITY HOUSE RD	2.3 STREET ADDRESS	9924 Paradise Ridge Rd.
CITY-ST-ZIP	CHARLOTTE NC 28277	2.4 CITY-ST-ZIP	Charlotte, NC 28277
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: M. Chavda 1/28/99 1-704-544-9612
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)