

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P93000071803 (9)**
1. Corporation Name
BLUE FLAG, INC.



Principal Place of Business: **6595 NORTHWEST 36 STREET SUITE 203 MIAMI FL 33166 US**
Mailing Address: **6595 ORTHWEST 36 STREET SUITE 203 MIAMI FL 33166 US**

3. Date Incorporated or Qualified: **10/15/1993**
3a. Date of Last Report: **04/06/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **65-0445640**
Applied For: Not Applicable
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
**LOPEZ LEVI & ASSOCIATES P.A.
ATTN<; RAMUNDO LEVI, CPA
815 NORTHWEST 57TH AVENUE, SUITE 304
MIAMI FL 33126**

10. Name and Address of New Registered Agent
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	
TITLE	PD
NAME	MOCNY, PAULO A
STREET ADDRESS	7270 NW 12TH ST SUITE 580
CITY-ST-ZIP	MIAMI FL 33126
TITLE	VD
NAME	DA SILVA, ELSA R
STREET ADDRESS	7270 NW 12TH ST SUITE 580
CITY-ST-ZIP	MIAMI FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	PD
1 2 NAME	MOCNY, PAULO A
1 3 STREET ADDRESS	16025 NW 64 AVE SUITE 209
1 4 CITY-ST-ZIP	MIAMI - FL - 33014
2 1 TITLE	VD
2 2 NAME	DA SILVA, ELSA R.
2 3 STREET ADDRESS	16025 NW 64 AVE SUITE 209
2 4 CITY-ST-ZIP	MIAMI - FL - 33014
3 1 TITLE	
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY-ST-ZIP	
4 1 TITLE	
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY-ST-ZIP	
5 1 TITLE	
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY-ST-ZIP	
6 1 TITLE	
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, with an attached letter with an address.

SIGNATURE: _____ DATE: **01/25/96** DAYTIME PHONE #: **(305) 871-4807**

CR2E034 (12/95)