

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 19 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P93000071803 (9)

1. Corporation Name

BLUE FLAG, INC.



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business 7815 NW 72 AVE MEDLEY FL 33166 US | Mailing Address 7815 NW 72 AVE MEDLEY FL 33166 US |
|--|--|

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

| | |
|---|--------------------------------|
| 3. Date Incorporated or Qualified 10/15/1993 | Applied For Not Applicable |
| 4. FEI Number 65-0445640 | |
| 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 or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 |
| 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 | 18025 NW 64 AVE SUITE 209 |
| CITY - ST - ZIP | HIALEAH FL |
| TITLE | VD |
| NAME | DA SILVA, ELSA R |
| STREET ADDRESS | 18025 NW 64 AVE SUITE 209 |
| CITY - ST - ZIP | HIALEAH FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| 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 | 18241 SW 50 ST |
| 1.4 CITY - ST - ZIP | MIAMI - FL - 33023 |
| 2.1 TITLE | VD |
| 2.2 NAME | DA SILVA, ELSA R |
| 2.3 STREET ADDRESS | 18241 SW 50 ST |
| 2.4 CITY - ST - ZIP | MIAMI - FL - 33024 |
| 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 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 file 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 to this address.

SIGNATURE: _____ Date: March 12 98 (305) 885 0157

CP2E034 (10/97)