SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 PM 2:19

DOCUMENT # **P94000033640 (1)**

1. Corporation Name
BLUESEA CORPORATION

Principal Place of Business	Mailing Address
~~7219 NW 79TH TERR.~~ ~~MIAMI FL 33166~~	~~7219 NW 79TH TERR.~~ ~~MIAMI FL 33166~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/02/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26: 7220 N.W. 79 TERR.
4. FEI Number: 65-0492295 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22: 7220 N.W. 79 TERR.
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23: MIAMI FL
City & State — 28: MIAMI FL
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip — 24: 33166
Country — 25: USA
Zip — 29: 33166
Country — 30: USA
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~GONZALEZ, VICTOR L~~
~~7219 NW 79TH TERR.~~
~~MIAMI FL 33166~~

10. Name and Address of New Registered Agent

81 Name: RAMON CATALAN
82 Street Address (P.O. Box Number is Not Acceptable): 7220 N.W. 79 TERR.
83
84 City: MIAMI — FL — 85 Zip Code: 33166

11. Pursuant to the provisions of Section(s) 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(s) 607.0505, Florida Statutes.

SIGNATURE: X _____ 6/8/95
Signature (typed or printed name of registered agent and title if applicable) — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES AND DELETIONS (Please Specify)	
TITLE	~~D~~	11 TITLE	☐ Change ☐ Addition
NAME	~~GONZALEZ, VICTOR L~~	12 NAME	
STREET ADDRESS	~~585 W. 15TH ST.~~	13 STREET ADDRESS	
CITY ST ZIP	~~HIALEAH FL 33010~~	14 CITY ST ZIP	
TITLE	D/PRES	21 TITLE	☐ Change ☐ Addition
NAME	CATALAN, RAMON E	22 NAME	
STREET ADDRESS	17101 NW 57TH AVE., #107	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33055	24 CITY ST ZIP	
TITLE	V.P.	31 TITLE	☐ Change ☐ Addition
NAME	CATALAN, IVAN	32 NAME	
STREET ADDRESS	17101 N.W. 57AVE #107	33 STREET ADDRESS	
CITY ST ZIP	MIAMI-FL 33055	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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.

SIGNATURE: X _____ D/PRES. 6/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
RAMON E. CATALAN

0066396 CP