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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** #

P94000057954 (7)

BLUE LAKE ENTERPRISES, INC.

FILED May 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address P.O. BOX 430506 31500 O/S/ HIGHWAY BIG PINE KEY FL 33043-0506 BIG PINE KEY FL 33043 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/05/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0523076 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year Intangible Zip Country Yes Personal Property Tax due June 30. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **BORRON. CELESTINO** 1120 CASTILLE AVE Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ■ Addition DELETE **DPST** 11TITLE TITLE CASTILLO, JOSE L 1.2 NAME P.O. BOX 430668, N/A STREET ADDRESS 1.3 STREET ADDRESS BIG PINE KEY FL 33043-0608 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE BORRON, CELESTINO 2.2 NAME NAME 1120 CASTILLE AVENUE 2.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP 2. 4 CITY - ST- ZIP PUN Change KIMBERLY LEWIS Addition DELETE 3 1 TITLE TITLE **GUILLEU, JOSE LUIS** 3.2 NAME P.O. BOX 430668 N/A 9595 NORTH KENDALL DRIVE, #200 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33176 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZW Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ DELETE 61 TITLE TITLE 6.2 NAME MAME 6.3 STREET ADDRESS 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 of the receiver or trusted 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.

Box 2011.00.

SIGNATURE:

4/27/98