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1995 FEB -0 14 1995
STATE OF FLORIDA
DIVISION OF CORPORATIONS

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000062421 (0)
1. Corporation Name
BLUE HAVEN POOLS OF MIAMI INC.

Principal Place of Business Mailing Address
9000 E CALUSA CLUB DR MIAMI FL 33186
7500 NW 41 ST
MIA FL 33166.

9000 E CALUSA CLUB DR MIAMI FL 33186
7500 NW 41 ST
MIA FL 33166.

2. Principal Place of Business 2a. Mailing Address
21 7500 NW 41 ST 26 Same as above
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Miami, FL 28
24 Zip 33166 25 Country USA 29 Zip 30 Country

500001403325
-02/10/95--01057--025
***200.00 ***200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
08/24/1994

4. FEI Number 4b. Applied For
65-0514958 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
BENITO, JAIME A
9000 E CALUSA CLUB DR MIAMI FL 33186
7500 NW 41 ST
MIA FL 33166.

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
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	1
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	President / Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jaime A. Benito	
1.3 STREET ADDRESS	9800 E. Calusa Club Dr.	
1.4 CITY - ST - ZIP	Miami, Fla. 33186	
2.1 TITLE	Vice President / Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Armando Espinosa	
2.3 STREET ADDRESS	7473 SW 82 St # A-210	
2.4 CITY - ST - ZIP	Miami, Fla. 33143	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(3)(b), 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.

SIGNATURE: *Jaime A. Benito* *Armando Espinosa*
DATE: 2/14/95 (305) 994-7770