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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000075374 (6)

BLUEWATER WORLDWIDE INVESTMENTS, INC.

FILED May 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					its 1989) Minga (111) 1981 919) (89)	
940 LINCOLN ROAD SUITE 201 MIAMI BEACH FL 33139 US		940 LINCOLN ROAD				
		SUITE 201 MIAMI BEACH FL 3313	19		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
		US	•			
	_				10/13/1994	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0549802	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 City & Sto	to To	City & State	. ,			Fee Required
City & State		├ -¬, '	<u></u> +-¬, ′		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		7ip	Zip Country			
25		h	29 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curr		<u>1991</u>		10. Name and Address of New Regist	
SH	IERMAN, JASON		8	1 Name		
	O LINCOLN ROAD		0.	82 Street Address (P.O. Box Number is Not Acceptable)		
	IITE 201		0			
	AMI BEACH FL 33139		8:	3		
	- •		84	4 City		85 Zip Code
			i i	1 - 7		FL -
SIGNATURE	Signature typed or printed name of region red a	agent and the diapplication (N	CH Flegistered A		· · · · · · · · · · · · · · · · · · ·	ATE
12.	OFFICERS 7:	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	OUTOWAN JACON	☐ DETEIG	1.1 TITLE			Change Addition
NAME Street address	SHERMAN, JASON 940 LINCOLN ROAD SUITE	201	1.2 NAME	1 Address		
CITY-ST-ZIP	MIAMI BEACH FL 33139	201	1.4 CITY-			
TITLE	VP	DELETE	2.1 TITLE			Change Addition
NAME	SUAREZ, MIGUEL		2.2 NAME			•
STREET ADDRESS	940 LINCOLN ROAD SUITE	201	2.3 STREE	ET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		2. 4 CITY	- ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	3.4 CITY			Change Addition
TITLE		☐ DELETE	4.1 TITLE	ţ		Change Addition
NAME OTREET ADDRESS			4. 2 NAM	l l		
STREET ADDRESS			4.4 CITY-	ET ADDRESS		
CITY-ST-ZIP		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			- 45
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY-			5. 5
TITLE		DELETE	6.1 TITLE		400002528	Addition Addition
NAME			6.2 NAME		-05/19/9801038-	-051
STREET ADDRESS			6.3 STREE	T ADDRESS	***150.00	
CITY-ST-ZIP	1		6.4 CHY-	ST-ZIP		

14. Thereby 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 is supplementation 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 covered 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 man a factor of with an address.