

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

• PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000010232 (3)

1. Corporation Name

BLUE MATRIX, INC.



Principal Place of Business

Mailing Address

151 SE 15 ROAD #602
MIAMI FL 33129

151 SE 15 ROAD #602
MIAMI FL 33129

3. Date Incorporated or Qualified
02/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1717 N. Bayshore Dr
Suite, Apt. #, etc. Apt 3034

26 1717 N Bayshore Dr
Suite, Apt. #, etc. Apt 3034

4. FCL Number
65-0556136

Applied For

Not Applicable

22 City & State
MIAMI FLA

27 City & State
MIAMI FL

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

23 Zip
33132

Country

28 Zip
33132

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Signature
DADE

29 Signature
DADE

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VANDERSANDE, FRANK
151 SE 15 ROAD #602
MIAMI FL 33129

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

(Signature typed or printed name of registered agent and the if applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PSTD
VANDERSANDE, FRANK
151 SE 15 ROAD #602
MIAMI FL 33129 ☐ DELETE

1.2 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

1.3 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

1.4 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

1.5 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

1.6 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
1717 N Bayshore Dr
Apt 3034
MIAMI FL 33132 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
1717 N Bayshore Dr.
MIAMI FL 33132 # 3034 ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
000001747540
-03/18/96--01093--003
***208.75 ☐ Change ☐ Addition

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)(k), 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 in an attachment with an address.

SIGNATURE:

(Signature typed or printed name of signing officer or director)

Date

Daytime Phone

CR2E034 (12/95)