

FILE NOW: FILING FEE AFTER MAY 1 IS \$55

FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF
Sandra B. Mori
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000067909 (8)
1. Corporation Name
BLUE WATER HUNTERS, INC.



Principal Place of Business

1802 ALTON ROAD
SUITE 38
MIAMI BEACH FL 33139
US

Mailing Address

1802 ALTON ROAD
SUITE 38
MIAMI BEACH FL 33139-2421
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Co

29

3. Date Incorporated or Qualified

09/01/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0652346

Applied For

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

FRIED, MARK E
1001 S BAYSHORE DRIVE
SUITE 2708
MIAMI FL 33131

10. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the re-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 use if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STP
POPOVIC, MILAN
SOLFERINO 2B
LIMASSOL CY

☐ DELETE

1.1
1.2
1.3
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1.5

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

8.1
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8.5

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MILAN POPOVIC - President

4/25/97

Date

305/5821102

Daytime Phone #

0100647

CR2E034 (9/96)