

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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000088280 (9)
 1. Corporation Name
BLUE LASER CORP.



Principal Place of Business 1615 N.W. 82ND AVE. MIAMI FL 33126	Mailing Address 1615 N.W. 82ND AVE. MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2500 NW 79th Ave	26 2500 NW 79th Ave	11/16/1995		4. FEI Number	
22 Ste. 210	27 Ste 210	5. Certificate of Status Desired <input type="checkbox"/>		65-0634170	
23 Miami, FL	28 Miami, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		Applied For	
24 33178	29 33178	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		Not Applicable	
25 USA	30 USA	8.75 Additional Fee Required		5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent
HARADA, HIDEKI P
 1615 N.W. 82ND AVE.
 MIAMI FL 33126

10. Name and Address of New Registered Agent
 81 Name **HARADA, HIDEKI P.**
 82 Street Address (P.O. Box Number is Not Acceptable)
2500 NW 79th Ave Ste 210
 83
 84 City **Miami** FL 85 Zip Code **33122**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input checked="" type="checkbox"/> DELETE	11 TITLE	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARADA, HIDEKI P	12 NAME	HARADA, HIDEKI
STREET ADDRESS	1615 N.W. 82ND AVE.	13 STREET ADDRESS	2500 NW 79th Ave Ste 210
CITY-ST-ZIP	MIAMI FL 33126	14 CITY-ST-ZIP	MIAMI, FL. 33122
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: Hideki P. Harada 03/03/98 (305) 594-3711

CR2E034 (10/97)