PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000035344 (6)

BLOSSOM TECHNOLOGIES CORPORATION

HIT I HUVE !!

98 OCT **16** PM 5: 02

SECRETARY OF STATE IALLAHASSEE, FLORIDA

Principal Place	e of Business	Mailing Address				
5555 W. FLAGL	er street	5555 W. FLAGLER	STREET			
MIAMI FL 33126 MIAMI FL 33120		MIAMI FL 33126			DO NOT WRITE	E IN THIS SPACE
					3. Date Incorporated or Qualified	: IN THIS SPACE
					04/23/1996	
2 Principal Pi	lace of Business	2a. Mailing Addre	-99		4 PPT No. of the second	7701 polied For
21 Principal 21	lace of business	26	.33		APPLIED FOR	, Applicable
Suite, Apt.	# etc.	Suite, Apt. #,	etc.			S8.75 Additional
22	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	27		-	5. Certificate of Status Desired	Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00 мау Ве
23		28		٠	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	C	Country	8. This corporation owes or has pa	id the current year Intangible
24	25	29	30		Personal Property Tax due June	30. Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent
MIDS	STATE LEGAL SUPPLY CORP.			81 Name		
4435 OLD WINTER GARDEN RD. ORLANDO FL 32811				82 Street Addre	ess (P.O. Box Number is Not Acceptab	e)
0112	*			83		
				84 City		FL 85 Zip Code
agent, I a	am tamiliar with, and accept the oblig	gations of, section 607.0	J5U5, Flonda S	statutes.	ation submits this statement for the pur n's board of directors. I hereby accept	
	Signature, typed or printed name of registered age			pistered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
12.	D OFFICERS A	ND DIRECTORS		1 TITLE	ADDITIONS/CHANGES TO CHIL	Change Addition
NAME	AMOR, ALEJANDRO	LUΣ		2 NAME	2000021	575029
i	5555 W. FLAGLER ST.		i i	S STREET ADDRESS	-10/28	79801087019
STREET ADDRESS	MIAMI FL 33126			4 CITY-ST-ZIP	****5	50.00 ****S50.00
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			212			Change Addition
STREET ADDRESS			2.2			Change Addition
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14. I hereby certify that the information supplied with this filling 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: