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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000019807

1 Corporation Name

B.L.A.M. SERVICES, INC.

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90136 037 \*\*\*150.00

الان المالية ا المالية المالية	OLIVIOLO, IIIO				. B. H. M. B.	<b>a</b> al <b>aa</b> a
1			<u>, , , , , , , , , , , , , , , , , , , </u>			
Principal Place	e of Business	Mailing Address				
3092 SW 12 STREET 3092 SW 12 STREET						
MIAMI FL 33135 MIAMI FL 33135				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed	<del></del>	-
				02/25/1997		
	lace of Business	2a. Mailing Address		4. FEI Number	App	lied For
21 6925	NW 42 ST	20 0	425	65-0733715		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Ac	
22		27				<u>-</u>
City & State		City & State  28 Micros F	70	6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	-
23 Miai	Country	28 Miami F	Country	This corporation owes the current year		1 003
Zip 24 33/4		33/66	¬ ´	Personal Property Tax.		□No
24 3014	9. Name and Address of Current	<u>   20   </u>		10. Name and Address of New Registere	d Agent	
	or reality and Addition of Garrent		81 Name			
MEDINA, ANA B				Medina Una dress (P.O. Box Number is Not Acceptable)	<del></del>	
648 PALERMO AVE.			82 Street Ad 633	3 GW 31 ST	•	
CORAL GABLES FL 33134			83			
			<b>64</b> 60		os Zin C	· odo
			the above-named co	a <sub>mi</sub> F	L 85 39	ode 3155
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above-named co	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its r	egistered
office or r	egistered agent, or both, in the State of	of Florida. Such offange was auth	norized by the corpora a Statutes	ition's board of directors. I hereby accept the app	dintment as reg	Istered
	THINK INVIOL	W MININD		//7/	'77	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	egistered Agent signature requ			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	P	PELETE	1.1 TITLE 1P	Median Ana	Change	Addibon
NAME	MEDINA, ANA 3		1.2 NAME	TEAT OF STATE		
STREET ADDRESS	3092 SW 12 STREET		1.3 STREET ADDRESS	Medina Ana 3333 EW 31 ST M10m1 , Fla 33155		
CITY-ST-ZIP	MIAMI FL 33135	✓ □ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	MIami, Fla 33155	Change	Addition
TITLE V P	Medina, Rober	rto	2.2 NAME			<b>—</b>
NAME	6333 SW 315	ST.	2.3 STREET ADDRESS	`	,	ţ
STREET ADDRESS	Miami, Fla 3	3155				
CITY-ST-ZIP	Mann, Fla S	, _ , _ , _ ,				}
TITLE			2.4 CITY-ST-ZIP		☐ Change	Addition
NAME		☐ DELETE	3.1 TITLE	<u> </u>	Change	Addition
			3.1 TITLE 3.2 NAME	<u>.                                    </u>	☐ Change	Addition
STREET ADDRESS			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change	Addition
CITY-ST-ZIP			3.1 TITLE 3.2 NAME		☐ Change	Addition
CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		·.	·
CITY-ST-ZIP TITLE NAME		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		·.	·
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME		☐ Change	·
CITY-ST-ZIP TITLE NAME		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		·.	·
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	The state of the s	☐ Change	☐ Addition☐ Addition☐
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change	☐ Addition☐ Addition☐

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 in potential and address, with all other like empowered.

SIGNATURE: