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FILED  
Jun 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000033157 (3)  
1. Corporation Name  
BLAZE MEXICO, INC.



Principal Place of Business: 4925 COLLINS AVE., SUITE 7G MIAMI BEACH FL 33140  
Mailing Address: 4925 COLLINS AVE., SUITE 7G MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1997	
21	22	26	27	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent <del>SCRIVER, RICHARD</del> 4925 COLLINS AVE., SUITE 7G MIAMI BEACH FL 33140				10. Name and Address of New Registered Agent	
				81	Name SCRIVER, CONSTANCE
				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: *Richard Scriver* Date: 5/01/98  
Signature: *Constance Scriver* Date: 5/01/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/S/V/D
NAME	SCRIVER, CONSTANCE	1.2 NAME	SCRIVER, CONSTANCE
STREET ADDRESS	153 E. PALMETTO PARK ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	
TITLE	<del>VSD</del>	2.1 TITLE	
NAME	<del>SCRIVER, RICHARD</del>	2.2 NAME	
STREET ADDRESS	<del>153 E. PALMETTO PARK ROAD</del>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<del>BOCA RATON FL 33432</del>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	600002547135
NAME		6.2 NAME	-06/04/98--01026--009
STREET ADDRESS		6.3 STREET ADDRESS	***158.75
CITY-ST-ZIP		6.4 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: *Constance Scriver* Constance Scriver, President 5/01/98 (306) 531-5885

CR2E034 (10/97)