



FILED
Feb 05 1998 8:00am
Secretary of State

DOCUMENT # P97000061955 (5)
BLUE WATER MARINE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1710 WEST 75TH STREET HIALEAH FL 33014	Mailing Address 1710 WEST 75TH STREET HIALEAH FL 33014
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3. Date Incorporated or Qualified 07/09/1997	
4. FEI Number 65-0770354	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 8070 W 21 AVE	26 8070 W 21 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 # 7B	27 7B
City & State	City & State
23 Hialeah, FL	28 Hialeah, FL
Zip	Country
24 33016	25 USA
29 33016	30 USA

9. Name and Address of Current Registered Agent CAPOTE, JORGE L 1710 WEST 75TH STREET HIALEAH FL 33014	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	CAPOTE, JORGE L
STREET ADDRESS	1710 WEST 75TH STREET
CITY-ST-ZIP	HIALEAH FL 33014
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jorge L. Capote
1.3 STREET ADDRESS	1710 W 75 St
1.4 CITY-ST-ZIP	Hialeah, FL 33014
2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dayana Jose
2.3 STREET ADDRESS	1710 W 75 St
2.4 CITY-ST-ZIP	Hialeah, FL 33014
3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jorge L. Capote
3.3 STREET ADDRESS	1710 W 75 St
3.4 CITY-ST-ZIP	Hialeah, FL 33014
4.1 TITLE	Secy. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dayana Jose
4.3 STREET ADDRESS	1710 W 75 St
4.4 CITY-ST-ZIP	Hialeah, FL 33014
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 _____

CR2E034 (10/97)