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

NAME

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

FILED May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000080469 (4) BLUEVIEW SOLUTIONS, INC. Principal Place of Business Mailing Address 253 NORTHEAST 101 STREET 253 NORTHEAST 101 STREET MIAMI SHORES FL 33138 MIAMI SHORES FL 33138 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/17/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-078211 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country ZiD Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. Yes Yes 25 24 30 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 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 Signature, typied or profind name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition 1.1 TITLE Change TITLE PILCHMAN, STEVEN 1.2 NAME NAME 253 NORTHEAST 101 STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI SHORES, FL 33138 MIAMI SPRINGS FL 33138 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE TITLE 21 TITLE GALBRAITH, JO E NAME 2.2 NAME 253 NORTHEAST 101 STREET 2.3 STREET ADDRESS STREET ADDRESS MIAMI SPRINGS FL 33138 MIAMI SHORES, FL 33138 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 41 TITLE **4.2 NAME** NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

62 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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 received susteen impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 or on an attacking the within address.