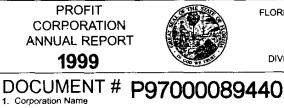
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

BLUE DISTRIBUTOR, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90054 003 ***150.00

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			-		168			
Principal Place of Business Mailing Address								
4501 PALM AVENUE UNIT 104 4501 PALM AVENUE UNIT 10 HIALEAH FL 33012 HIALEAH FL 33012) 4				
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 10/16/1997		
2. Principal Place of Business 2a. Mailing Address					~ .	4. FEI Number	A	pplied For
21 400 South Dixie Hwy Svite 1 26 400 South Dixi					Svite 1	65-0787272	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 HA NANDALE FL. 27 HANDALE				,		5. Certificate of Status Desired	• •	Additional Required
City & Stat		City & State				6. Election Campaign Financing	\$5.00	May Be
23 33009	i BrowARd	28 33009	\mathcal{B}	Roo	WARD	Trust Fund Contribution	Added	to Fees
Zip 24	Country 25	Zip 3	Cour			This corporation owes the current year Personal Property Tax.	Intangible Yes	×No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Register	ed Agent	
				81 1	Name			,
FLEITES, ROBERTO 4501 PALM. AVENUE				82 5	Street Addre	ss (P.O. Box Number is Not Acceptable)		
UNIT	T 104		l f	83				
. HIAL	EAH FL 33012					<u> </u>		
	•		Ì	84 (City	F	EL 85 Zip	Code
SIGNATURE	m familiar with, and accept the obligation				gnature required	when reinstating) DATE		
12.	OFFICERS AND		13.		 _	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	FLEITES, ROBERTO		1,2 NA	ΝE				ļ
STREET ADDRESS	4501 PALM AVENUE UNIT 104		1.3 STF	REETAD	DORESS			į
CITY-ST-ZIP	HIALEAH FL 33012		_	Y-ST-Z	iP			Addition
TITLE		☐ DELETE	2.1 1111				☐ Change	. Haddittori İ
NAME			2.2 NAJ					ĺ
STREET ADDRESS			2.3 STF	REET AD	DORESS		•	
CITY-ST-ZIP		[7] percire	2. 4 CD		ZIP		☐ Change	Addition
TITLE		DELETE	3.1 TIII		ł		□ Cilarige	Addition
NAME			32 NA			April 19 July 1 Comment		
STREET ADDRESS			1		DORESS			
CITY-ST-ZIP		☐ DELETE	3.4. CF	Y-81-Z	414		☐ Change	Addition
TITLE		C DECEIL						
NAME			4. 2 NA		nnosee			
STREET ADDRESS					DDRESS			Ì
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITI	Y-ST-Z _E	31"		Change	Addition
NAME		<u></u>	5.2 NA		1			_
STREET ADDRESS					ODRESS			
CITY-ST-ZIP	}		5.4 CIT					}
TITLE		☐ DELETE	6.1 TITI				Change	Addition
NAME		_	6.2 NA	ΜE				İ
STREET ADDRESS			6.3 STF	REET AL	ODRESS	•		J

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: