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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90021 015 ***158.75

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000092090

1. Corporation Name

BLUE NOTE, INC.

Principal Place of Business

8385 NW 56 STREET
MIAMI FL 33166

Mailing Address

8385 NW 56 STREET
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1997

FEI Number

APPLIED FOR

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

□ Yes

□ No

9. Name and Address of Current Registered Agent

LOPEZ, GLAYDS
8385 NW 56 STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

LOPEZ, GLAYDS

82 Street Address (P.O. Box Number is Not Acceptable)

951 N.W. 128 AVE.

83

84 City

MIAMI

FL

85 Zip Code

33182

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

NAME

STREET ADDRESS

CITY-ST-ZIP

D
ARCHAG KAHOUATY KOSTANIAN
8385 NW 56 STREET
MIAMI FL 33166

□ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

□ Change

□ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

□ Change

□ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

□ Change

□ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

□ Change

□ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

□ Change

□ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ Change

□ 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24. APRIL 99 (305) 228-3788

Date

Daytime Phone #

CR2E034 (11/98)