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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000052525

 Corporation 	Name									
BLUESTE	EEL INC.									
								i 1881 (189) (18 1818) (1811 (1811) (1811) (1811) (1811) (1811)	en erna haran dana	
Principal Place of Business Mailing Address								I (\$6)(\$4) ()8 (8)81 (5)() 40)() 40)() 80()		11881 8111 1881
14701 SW 205 AVE 14701 SW 205 AVE									•	
MIAMI FL 33196 MIAMI FL 33196								DO NOT WRITE IN TH	IS SPACE	,
							ŀ	3. Date Incorporated or Qualifed	IO OI AOL	
								06/09/1998		
3 Principal D	lace of Business	2a.	Mailing Address		-			4. FEI Number	A	oplied For
<u> </u>	ace of Business	26	, maining / tourous					65-0883715	⊢	ot Applicable
Suite, Apt.	#. etc.	20	Suite, Apt. #, etc.			•		·	\$8.75	Additional
22	.,	27	• •				1	5. Certificate of Status Desired	Fee R	equired
City & State	e		City & State					6. Election Campaign Financing	\$5.00	May Be
23		28						Trust Fund Contribution	Added	to Fees
Zip	Country		Zip	Cou	ntry			8. This corporation owes the current year		<u> </u>
24	25 29 30							Personal Property Tax.	☐ Yes	No f
	9. Name and Address of Currer	t Regis	stered Agent					10. Name and Address of New Registers	d Agent	
					81	Name			,	
D.G.A. SERVICES, INC.					82	Street A	ddres	s (P.O. Box Number is Not Acceptable)		
346 S. STATE ROAD 7										
MARGATE FL 33068					83					,
					84	City			. 85 Zip	Code
						′		F		
11. Pursuant	to the provisions of Sections 607.050	2 and 6	07.1508, Florida Statute	s, the al	oove	e-named c	orpor	ation submits this statement for the purpose 's board of directors. I hereby accept the app	of changing its	registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	tions of	, Section 607.0505, Flor	ida Statu	ites.	·	auon	a board of directors. Thereby decept the opp	,0.,,	9.5.5.
SIGNATURE										
CIGIWATORE	Signature, typed or printed name of registered age			_	Agen	nt signature rec	quired w	then reinstating) DATE		200 0140
12.	OFFICERS AN	ID DIRE		13.				ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D		☐ DELÉTE	1.1 TI3		•			Citalige	[_] Addition
NAME	WOODARD, RAYMOND E JR.			1.2 NA						ļ
STREET ADDRESS	14701 SW 205 AVE					TADDRESS				
CITY-ST-ZIP	MIAMI FL 33196		O DELETE	1.4 CF		T-ZIP			[**] Change	Addition
TITLE	D		☐ DELETE	2.1 Tf1					Criange	EJ Addition
NAME	WOODARD, MADELINE S			2.2 NA						
STREET ADDRESS	14701 SW 205 AVE					T ADDRESS		• .		
CITY-ST-ZIP	MIAMI FL 33196			2.4 C		ST-ZIP			Change	Addition
TITLE			☐ DELETE	3.1 TIT					Clough	C Addison
NAME				3.2 NA						.
STREET ADDRESS						TADDRESS				Ì
CITY-ST-ZIP			C perest	3.4. CI		ST-ZIP			Change	☐ Addition
TITLE			☐ DELETE	4.1 TIT					□ Citalige	
NAME				4. 2 N						
STREET ADDRESS						TADORESS				
CITY-ST-ZIP			—	4.4 Cl		T-ZIP		<u></u>	O 01	□ A -1-2-2-
TITLE	l			5.1 717	ΠE				☐ Change	Addition

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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE: 1

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90034 012 ***150.00

☐ Addition