

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90018 026 ***550.00

DOCUMENT # P98000074290

1. Corporation Name

BLUE TIDE INVESTMENT, INC.



Principal Place of Business

**2600 DOUGLAS ROAD STE 400
CORAL GABLES FL 33134**

Mailing Address

**2600 DOUGLAS ROAD STE 400
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1998

2. Principal Place of Business

21 27100 SW 182 AVE

2a. Mailing Address

26 27100 SW 182 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 HOMESTEAD, FL

City & State

28 HOMESTEAD, FL

Zip

Country

24 33031

Zip

Country

29 FL 33031

30

4. FEI Number

65-0860471

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$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.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**OLIVEROS, ARMANDO JR
2600 DOUGLAS ROAD STE 400
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

ARTURO CASTRO

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

27100 SW 182 AVE

83

84 City

HOMESTEAD

FL

85 Zip Code

33031

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.

ARTURO CASTRO PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

9-15-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **CASTRO, ARTURO**
CITY-ST-ZIP **27100 SW 182 AVE
HOMESTEAD FL 33031**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **CASTRO, REBECA**
CITY-ST-ZIP **27100 SW 182 AVE
HOMESTEAD FL 33031**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

SIGNATURE REQUIRED

9-15-99

Date

305 2489439

Daytime Phone #

CR2E034 (5/99)