**PROFIT** CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P98000091607 BLUE I OF MIAMI, INC. Mailing Address Principal Place of Business C/O MAX LANGEN C/O MAX LANGEN 112 SOUTH HIBISCUS DRIVE 112 SOUTH HIBISCUS DRIVE DO NOT WRITE IN THIS SPACE MIAMI BEACH FL 33139-5130 MIAMI BEACH FL 33139-5130 3. Date incorrorated or Qualifed 10/26/1998 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0911960 Not Applicable 26 21 \$8.75 Additional Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 Country 8. This corporation owes the current year Intangible Zio Zip МNo ☐\'@8 Personal Property Tax. 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LANGEN, HILARY ESQUIRE Street Address (P.O. Box Number is Not Acceptable) **B2** 112 SOUTH HIBISCUS DRIVE MIAMI FL 33139-5130 83 85 Zip Code 84 City 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 applical CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Addition Change ☐ DELETE 11 M TITLE 12 NAME LANGEN, MAX NAME 112 SOUTH HIBISCUS DRIVE 1.3 STREET ADDRESS STREET ADVINESS MIAMI BEACH, FL 33139-5130 1.4 CITY-ST-ZIP CITY-ST-ZI Change Addition ☐ DELETE 21 TITLE TILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-2IP CITY-ST-ZI ☐ Addit on ☐ DELETE ☐ Change 3.1 TITLE TILE 3.3 STREET ADDRESS STREET ADJURESS 3.4. CITY-ST-ZIP CITY-ST-ZE Addit on ☐ Change DELETE 4.1 TITLE L 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIF nc itibbA 🔲 ☐ Change DELETE 5.1 TITLE TITLE 52 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP COY-ST-ZIF Change C Addition 61 HILE DELETE TITLE A D NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation of the receiver or trustee shipowered 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.

VSKSN SIGNATURE AND TYPED

FILED

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90028 017 \*\*\*150.00