

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).

0025998

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # S33636

1. Corporation Name

BLUE SKY INSURANCE GROUP, INC.

FILED

99 JUL -8 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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|--|--|
| Principal Place of Business 4745 WEST FLAGLER ST. MIAMI FL 33134 | Mailing Address 4745 WEST FLAGLER ST. MIAMI FL 33134 |
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DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business 21 1601 NORTH PALM AVENUE Suite, Apt. #, etc. 22 209 City & State 23 PEMBROKE PINES, FLORIDA Zip 24 33026 | | 2a. Mailing Address 26 1601 NORTH PALM AVENUE Suite, Apt. #, etc. 27 209 City & State 28 PEMBROKE PINES, FLORIDA Zip 29 33026 | | 3. Date Incorporated or Qualified 02/22/1991 | |
| | | | | 4. FEI Number 65-0244638 | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes the current year intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

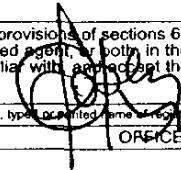
9. Name and Address of Current Registered Agent

ABRAIRA, DANIEL
4745 WEST FLAGLER ST.
MIAMI FL 33134

10. Name and Address of New Registered Agent

| | |
|---|----------------------|
| 81 Name ALEXANDER R. LOPEZ | 85 Zip Code 33026 |
| 82 Street Address (P.O. Box Number is Not Acceptable) 1601 NORTH PALM AVENUE | |
| 83 Suite 209 | |
| 84 City PEMBROKE PINES FL | |

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:  (NOTE: Registered Agent signature required when reinstating) DATE: 07/10/99

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST ABRAIRA, DANIEL 4745 W FLAGLER STREET MIAMI FL 33134 <input checked="" type="checkbox"/> DELETE | 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP | PST ALEXANDER R. LOPEZ 1601 NORTH PALM AVENUE, Suite 209 PEMBROKE PINES, FLORIDA 33026 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> DELETE | 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP | 700000292967172 -07/13/99--01031--009 *****550.00 *****550.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 attached sheet with an address.

SIGNATURE: 

7/6/99

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CR2E034 (5/99)