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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S97374** **(0)**

1. Corporation Name

BLSA CORP.

Principal Place of Business	Mailing Address
8319 NW 12 ST MIAMI FL 33126	8319 NW 12 ST MIAMI FL 33126

3. Date Incorporated or Qualified: **01/01/1992**
3a. Date of Last Report: **04/10/1995**

4. FEI Number: **65-0304241** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 **7740 S. W. 104th ST**	26 **7740 S. W. 104th ST.**
Suite, Apt. #, etc. 22 **STE #201**	Suite, Apt. #, etc. 27 **STE #201**
City & State 23 **MIAMI, FL**	City & State 28 **MIAMI, FL**
Zip / Country 24 **33156** / 25 **USA**	Zip / Country 29 **33156** / 30 **USA**

9. Name and Address of Current Registered Agent

SORENSEN, JORGE CHRISTIAN
8319 NW 12 ST
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): **7740 S. W. 104th ST**

83 **STE #201**

84 City: **MIAMI** **FL** 85 Zip Code: **33156**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____
Signature, type or print name of registered agent (and title, if applicable) (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**PD**	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	**SORENSEN, JORGE C.**		12 NAME		
STREET ADDRESS	**8319 NW 12 ST**		13 STREET ADDRESS	**7740 S. W. 104th ST - STE #201**	
CITY-ST-ZIP	**MIAMI FL**		14 CITY ST ZIP	**MIAMI, FL 33156**	
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY ST ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY ST ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY ST ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY ST ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY ST ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, complete and accurate. 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: _____ JORGE C. SORENSEN 4/9/96 (305) 663-2880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #