1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V32653

1. Corporation Name

BLUE OF	RGANIZATION, INC					
				<u> </u>		
Principal Place	of Business	Mailing Address				
2501 DAVIE RD		2501 DAVIE RD				
STE 230 STE 230 FT LAUDERDALE FL 33317 FT LAUDERDALE FL 33317			DO NOT WRITE	IN THIS SPACE		
US US			3. Date Incorporated or Qualifed			
				04/30/1992		
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Appl	ied For
21 2555	Davie Road		re Road	65-0329406	Not a	Applicable
Suite, Apt,	55.1	Suite, Apt.,#, etc		5. Certifcate of Status Desired	\$8:75-Ad	
22 Suite 110 27 Suite 110)	5. Germano di Ottato Dobilos	Fee Requ	uired	
City & State	9 /	City & State	11 =	6. Election Campaign Financing	_ \$5.00 M	· 1
23 Ft L	auderdale, PC	28 Ft Wwer	dale. Th	Trust Fund Contribution	Added to	Fees
Zip	Country /	Zip	Country	8. This corporation owes the current		ZNo │
<u>24</u> 333		<u></u>	o US	Personal Property Tax.		Z1140
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent	
DITT	E HADOID		OT Name			
BLUE, HAROLD 2501 DAVIE RD			82 Street Addr	ess (P.Q. Box Number is Not Acceptable	2)0	
STE 230			83 5	5 Davie Road	<u>"</u>	
FT LAUDERDALE FL 33317			°3 <01	te 110		
F1 L	AUDERDALE FL 33317		84 City	1010000	FL 85 Zip Co	ode
			F	Lavaerdale		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was aut	nonzed by the corporatio	oration submits this statement for the pu on's board of directors. I hereby accept t	ne appointment as regi	stered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature required	d when reinstating)	DATE	— Ì
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELETE	1.1 TITLË		Change	Addition
NAME	BLUE, HAROLD		1.2 NAME	O	. 110	1
STREET ADDRESS	18905 NE 21ST AVE		1.3 STREET ADDRESS	555 Davie Road, #	,,,	
CITY-ST-ZIP	N MIAMI BEACH FL		1.4 CITY-ST-ZIP	t Lauderdale, FL	33317	
TITLE		☐ DELETE	2.1 TITLE	,	☐ Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	المحاكم المرافعة المعاجي بطيان والمساوين بالمستعمل	and the same of	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		<u></u>	
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			_
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
					☐ Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE		Critarige	l.
TITLE NAME		☐ DELETE	5.1 TITLE 5.2 NAME		Onlings	
		☐ DELETE				
NAME		☐ DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
NAME STREET ADDRESS		☐ DELETE	5.2 NAME 5.3 STREET ADDRESS		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			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 of 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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

954 473 1001 x

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90055 048 ***150.00