FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 9:11

DOCUMENT # V52893 (7)

1. Corporation Name
BLUE SKY INSTITUTE, INC.

Principal Place of Business	Mailing Address
12000 BISCAYNE BLVD. STE. #205 MIAMI FL 33181 US	12000 BISCAYNE BLVD. STE. #205 MIAMI FL 33181 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/21/1992
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 65-0353585 ☐ 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

9. Name and Address of Current Registered Agent

CHERRE, CYNTHIA H.
1470 N.E. 101 ST.
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

81 Name: Kahn, Stephen
82 Street Address (P.O. Box Number is Not Acceptable): 1470 N.E.101 Street
83
84 City: Miami SHores FL 85 Zip Code: 33138

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	CHERRE, CYNTHIA H.	1.2 NAME	Kahn, Stephen
STREET ADDRESS	1470 N.E. 101 ST.	1.3 STREET ADDRESS	1470 N.E. 101 Street
CITY-ST-ZIP	MIAMI SHORES FL	1.4 CITY-ST-ZIP	Miami Shores, FL 33138
TITLE	DS	2.1 TITLE	DS ☒ Change ☐ Addition
NAME	KAHN, STEPHEN	2.2 NAME	Cherre, Cynthia
STREET ADDRESS	1470 N.E. 101 ST.	2.3 STREET ADDRESS	1470 N.E. 101 Street
CITY-ST-ZIP	MIAMI SHORES FL	2.4 CITY-ST-ZIP	Miami Shores,, FL 33138
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Stephen Kahn, M.D. 1/17/95 (305) 892-8344
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (Date) (Daytime Phone #)

0100020 CP