Jun 09, 1999 8:00 am Secretary of State 06-09-1999 90010 025 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #		V67439	
1.	Corporation Name		40.400

BLUE FLOWERS, INC.

Principal Place of	f Business

% TUMPSON-8 CHARCHAT, P.A. 848 BRICKELL AVE. SUITE 400

Mailing Address

% TUMPSON & CHARCHAT. P.A. 848 BRICKELL AVE. SUITE 400

|--|--|

MIAMI FL 33131	MIAMI FL 33131			DO NOT WRITE IN THIS SPACE			
10000				3. Date Incorporated or Qualifed			
				09/30/1992			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 Clo Steven M. Charchat, P.A.	26 Clo Steven m chard	at	·Y.A	65-0370253		Not Applicable	
Suite, Apt. #, etc. 22 848 Brickell ave. Suite 400	Suite, Apt. #, etc.			5. Certifcate of Status Desired	* .	'5 Additional e Required	
City & State 23 Migmi, Florida	City & State 28 Man Flondo			6. Election Campaign Financing Trust Fund Contribution	•	00 May Be led to Fees	
Zip Country 24 33131 25 1)5A	Zip Cou	intry 50		This corporation owes the current y Personal Property Tax.	ear Intangible	□No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
CHARCHAT, STEVEN M 848 BRICKELL AVE			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
SUITE 400 MIAMI FL 33131		83					
		84	City		FL 85	Zip Code	

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.

agent. 1 and terminal with a decopy with 22 agent to 50 agent and 50 agent a second and 50 agent						
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE:	Registered Agent signature require	ed when reinstating) OATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12	
TITLE	.PD DELETE	1.1 TITLE		Change	☐ Addition	
NAME	ALVAREZ, ANGELA	1.2 NAME				
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 400	1.3 STREET ADDRESS			į	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP				
TITLE	VD □ DELETE	2.1 TITLE		☐ Change	☐ Addition	
NAME	ALVAREZ, ANA AMELIA	2.2 NAME				
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 400	2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33131	2. 4 CITY-\$T-ZIP				
TITLE	.\$- □ DELETE	31 TITLE		Change	☐ Addition	
NAME	ALVAREZ, MARIA ELENA	3 2 NAME				
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 400	3.3 STREET ADDRESS			,	
CITY-ST-ZIP	MIAMI FL 33131	3.4. CITY-ST-ZIP				
TITLE	AS DELETE	4.1 TITLE		Change	☐ Addition	
NAME	ALVAREZ, MARIA ISABEL	4. 2 NAME				
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 400	4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33131	4 4 CITY-ST-ZIP				
TITLE	T □ DELETE	5.1 TITLE		Change	Addition	
NAME	ALVAREZ, ARMANDO	5.2 NAME				
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 400	5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33131	5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE		Change	Addition	
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		6.4 CITY-ST-ZIP			<u> </u>	
44 1 5 5	actify that the information cumplied with this filing does not qualify for	the exemption stated is:	Saation 110 07/2\/i\ Elorida Statutoe furthor	comity that the in	MORMATION	

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 informatic 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, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

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Daytime Phone #