

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 18 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



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

**DOCUMENT # F92000001005 (9)**

1. Corporation Name  
**UNITED YACHT TRANSPORT (USA) INC.**



Principal Place of Business  
**1535 S.E. 17TH STREET, SUITE 200-A  
 FORT LAUDERDALE FL 33335**

Mailing Address  
**1535 S.E. 17TH STREET, SUITE 200-A  
 FORT LAUDERDALE FL 33316-1737**

3. Date Incorporated or Qualified <b>12/31/1992</b>	3a. Date of Last Report <b>03/01/1996</b>
4. FEI Number <b>65-0373363</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**LAST, JEFF**  
**1535 SE 17TH ST**  
**#200A**  
**FT LAUDERDALE FL 33335**

10. Name and Address of New Registered Agent

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 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.

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

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<del><b>DEJONG, M.</b></del>
STREET ADDRESS	<del><b>LUXEMBURG ST 2</b></del>
CITY - ST - ZIP	<del><b>MEER BE</b></del>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<del><b>DEJONG, B. A.</b></del>
STREET ADDRESS	<del><b>LUXEMBURG ST 2</b></del>
CITY - ST - ZIP	<del><b>MEER BE</b></del>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>LAST, JEFF</b>
STREET ADDRESS	<b>1535 SE 17TH STREET, SUITE 200-A</b>
CITY - ST - ZIP	<b>FORT LAUDERDALE FL 33335</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>SULLMAN, LEO E</b>
STREET ADDRESS	<b>330 MADISON AVE</b>
CITY - ST - ZIP	<b>NEW YORK NY</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SCHRIER, P.</b>
STREET ADDRESS	<b>LUXEMBURGSTR. 2</b>
CITY - ST - ZIP	<b>2321 MEER (HOOGSTRATEN) / Belgium</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **3/12-1997**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)