SIGNATURE:

		<u> </u>						•				
DOCUMENT # V42831 1. Entity Name							FILED					
SUNSET HARBOR BOAT RENTALS, INC.							00 MAR -8 PH 1: 04					
Principal Place of Business C/O MARC H. AVERBACH 201 S. BISCAYNE BLVD. STE 2000 MIAMI FL 33131 US			Mailing Address C/O MARC H. AVERBACH 201 S. BISCAYNE BLVD. STE 2000 MIAMI FL 33131-4338 US				SECRETARY OF STATE TALLATIASSEE. FLORIDA					
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRIT	E IN THIS SP	ACE		
City & State			City & State			4. F	El Number	65-0338933			plied For t Applicable	
Zip	Zip Country		Zip	Count			5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent							
-AVERBACH; MARC H ESQ 201 S. BISCAYNE BLVD #2000					Name Auerbach, Marc. H. Street Address (P.O. Box Number is Not Acceptable)							
MIAM		City					FL	Zip Code)			
8. The above	named entit	y submits this statement for	the purpose of changing its	register	ed office or re	egistered ag	ent, or both, i	n the State of Flo	rida.			
SIGNATURE _	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTI	E: Registere	d Agent signature	required when re	enstating)		DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550 Make Check Payable to Department of			0.00		on Campaign Fin Fund Contribution			0 May Be to Fees	
11.		OFFICERS AND I	DIRECTORS	12.		AD	DITIONS/CH	ANGES TO OFFI	CERS AND (DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7010 SW		☐ Delete				00	00031 -03/15/ ****13	0001			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL DST BUBNOW 105 CURI MANAI AF	, VICTOR	☐ Delete	TITLI NAM STRE	E	,,			**-	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			-				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l	***				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		į.					Change	☐ Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITL' NAM STRI			, ,,			☐ Change	☐ Addition	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, where the empowered. 2/28/2000 (56/