~~FILE NOW: FILING FEE AFTER MAY 1 IS $225.00~~

AMENDED DOC
$61.25

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 574820

1. Corporation Name
BAHAMAS YACHTING SERVICES, INC.

Principal Place of Business
115 EAST BROWARD BLVD
FORT LAUDERDALE FL 33301

Mailing Address
115 EAST BROWARD BLVD
FORT LAUDERDALE FL 33301

3. Date Incorporated or Qualified: 06/06/1978
3a. Date of Last Report:

4. FEI Number: 59-1824871 ☐ 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

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

9. Name and Address of Current Registered Agent

CUADROS, GISELA
115 EAST BROWARD BLVD
FORT LAUDERDALE, FL 33301

10. Name and Address of New Registered Agent

81 Name: PETER COCHRAN
82 Street Address (P.O. Box Number is Not Acceptable): 115 EAST BROWARD BLVD
83
84 City: FORT LAUDERDALE FL 85 Zip Code: 33301

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: X _____ DATE: 6/21/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		☐ DELETE
TITLE	PD	
NAME	GORDON, CHRIS	
STREET ADDRESS	115 EAST BROWARD BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	SD	☐ DELETE
NAME	GUARNACCIA, LYNDA	
STREET ADDRESS	115 EAST BROWARD BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	VD	☐ DELETE
NAME	GREEN, RUPERT	
STREET ADDRESS	115 EAST BROWARD BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	VD	☐ DELETE
NAME	COCHRAN, PETER	
STREET ADDRESS	115 EAST BROWARD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	SD	☒ DELETE
NAME	CUADROS, GISELA	
STREET ADDRESS	115 EAST BROWARD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☐ Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	200001879512	☐ Change ☐ Addition
5.2 NAME	-06/28/96--01080--005	
5.3 STREET ADDRESS	***61.25	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		6-25-96 JR
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I 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: X _____ PETER COCHRAN 6/21/96 (800) 327-2276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number