

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90198 047 ***158.75

DOCUMENT # 674274

1. Corporation Name

DEL BONO YACHT SERVICE OF MIAMI, INC.

Principal Place of Business

2065 N.E. 121ST ROAD
MIAMI FL 33181

Mailing Address

2065 N.E. 121ST ROAD
MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1980

4. FEI Number

59-2054863

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

□

Yes

□

No

2. Principal Place of Business

21 2601 S. Bayshore Dr.

2a. Mailing Address

26 2601 S. Bayshore Dr.

Suite, Apt. #, etc.

22 #1250

Suite, Apt. #, etc.

27 #1250

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33133

Country

25 USA

Zip

29 33133

Country

30 USA

9. Name and Address of Current Registered Agent

FREEMAN, ROBERT A.
2601 S BAYSHORE DR
STE 1250
MIAMI FL 33133

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME BAVARO, DESIREE
STREET ADDRESS 339 A IVES DAIRY RD
CITY-ST-ZIP MIAMI FL 33179

TITLE VP ☒ DELETE

NAME BAVARO, ANNA M
STREET ADDRESS 339 A IVES DAIRY RD
CITY-ST-ZIP MIAMI FL 33179

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/T/D ☒ Change ☐ Addition

1.2 NAME BAVARO, Desiree ☒ Connection

1.3 STREET ADDRESS 339-A IVES Dairy Road

1.4 CITY-ST-ZIP Miami, FL 33179 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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: X *Desiree Bavar* SIGNATURE REQUIRED

Date

Daytime Phone #

305 651 3311

CR2E034 (11/98)