FILE NOW: FILING FEE AFTER MAY 1 IS $[illegible]

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 842704 (9)

1. Corporation Name
ACE CHARTER BOAT & MARINE SALES, INC.

Principal Place of Business
8455 NE 12TH AVE
MIAMI FL 33138

Mailing Address
4000 TOWERSIDE TERR
STE 1405
MIAMI FL 33138
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1979
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-1868105 — 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.[illegible] Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 4000 Towerside Terr. #1103
22 Suite, Apt. # etc.: #1103
23 City & State: Miami, Florida
24 Zip: 33138
25 Country: USA

2a. Mailing Address
26 4000 Towerside Terr.
27 Suite, Apt. # etc.: #1103
28 City & State: Miami, Florida
29 Zip: 33138
30 Country: USA

9. Name and Address of Current Registered Agent

PHILLIP L GLICKMAN CPA
605 IVES DAIRY RD.#6-103
N MIAMI BEACH FL 33179

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

12. OFFICERS AND DIRECTORS

TITLE	VS
NAME	GILBERT, WARREN
STREET ADDRESS	12000 N BAYSHORE DR #210
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	PS
NAME	TURK, ALLISON
STREET ADDRESS	8455 NE 12TH AVE
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/29/95
Daytime Phone #: 305-893-1003

0145380 CP