FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	F01000005010

02 APR 29 PM 2: 10

4. Entity Name			i		
1. Entity Name			SECRETARY OF STATE		
NORTH WIND YACHTS, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
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יטע	INO I ANVITE				
LANGE BER		3. Mailing Address	lonesti (2.30 til <u>1994), o otto o obber tress</u>		
2. Principal Place of Business 2170 S.E. 17th ST. 2170 S.E. 17th		h ST.	- WEITE IN THE	·DACE	
Suite Ant # etc Suite, Apr. #,		Suite, Apt. #, etc.		DO NOT WRITE IN THIS S	
SUITE A		SUIT A City & State		4. FEI Number	Applied For Not Applicable
City & State	JDERDALE, FL	FORT LAUDERDA		F01000005010	\$8.75 Additional
Zip	Country		ountry S.A.	5. Certificate of Status Desired	Fee Required
33316	USA	33316 JUS	778	7. Name and Address of Current Registere	d Agent
			Name Elena	Ribot	
	BONOTA	DITE	Chroat Address	(PO Box Number is Not Acceptable)	
Tanking to the	DO NOT W		2170 S	.E. 17th St.A	
	IN THIS SE	PACE	Suite_	A	Tata Code
			City	FL sudordale	
			FOTT L	registered agent, or both, in the State of Flori	da.
8. The above r	named entity submits this statem	ight for the purpose of changing i	its registered office o	r registered agent, or both, in the State of Flori	4 (00 (00
	3/11 9	U/W. E	lana Piha	†	4/22/02 DATE
SIGNATURE	Signature, typed or printed name of reg	gistered agent and title if applicable.	(NOTE: Registered	Agent signature required when reinstating)	- DATE
		le 1 initiate 1 in Ma	ay 1 Fee is \$150.00	10. Election Campaign Financing	\$5.00 May Be
9. This corpor	ration is eligible to satisfy its Intar equirement and elects to do so.	Amandad	Fee is \$550.00 UBR is \$61.25	Trust Fund Contribution.	Added to Fees
Tax filing re (See criteria	a on back)	Make Check Payabl	e to Department of	State	ne-rose energis
	OFFICERS AND	D DIRECTORS .	25 C 7 2 MA		
11. ππε	President and	Director	TITLE		
NAME	hifrado Nicola	3.5	NAME STREET ADORESS	. Zooobsa6	:9562a
STREET ADDRESS	2170 S.E. 1/tr	st., Suite A	CITY: ST - ZIP		
CITY - ST - ZIP	Fort Lauderdal Secretary and	Director	TITLE .		
ΠΊLE	Esteban Ribot	D110004	NAME		
NAME STREET ADDRESS	19170 S.E. 17t)	h St., Suite A	STREET ADDRESS		
CITY - ST - ZIP	Fort Lauderda	<u>le, FL 33316 </u>	200 march 1 more 13 (20%		
TITLE	Treasurer		TITLE NAME		The state of the s
NAME	Elena Ribot	h St., Suite A	South Section & 17 . Second Comme	DO NOT WR	ITF ***
STREET ADDRESS	2170 S.E. 17t Fort Lauderda	16 FL 33316	ary st. ZP	the state of the s	the same of the sa
CITY - \$1 - ZIP	Director	IC, II GGG	niiLE	IN THIS SPA	CERTAIN
TITLE NAME	IEnrique Ribot		NAME *		
STREET ADDRESS	12170 S.E. 17t	n St., Surre u	STREET ADDRESS		
CITY - ST - ZIP	Fort Lauderda	le, FL 33316	TITLE SA		
TITLE			NAME		
NAME			STREET ADDRESS		
STREET ADDRESS CITY - ST - ZIP	8		Caty St - ZIP		July or granted that I have
TITLE			TITLE:		
NAME			NAME STREET ADDRESS		And the second of
PYDEET ADDRESS	s		F	Constitution of the Consti	
CITY - ST - ZIP	US at at the information number	ied with this filing does not qualif	v for the exemption s	tated in Section 119.07(3)(i), Florida Statutes. I gnature shall have the same legal effect as if m	I further certify that the lade under oath; that I am
13. I hereby	certify that the information suppli- ion indicated on this report or suf	optemental report is true and acc	curate and that my sig	tated in Section 119.07(3)(i), Florida Statutes. I gnature shall have the same legal effect as if m port as required by Chapter 607, Florida Statut	es; and that my name
an office	r or director of the corporation or	the receiver or trustee empower with an address, yith all other like	ke empowered.		
appears	III BIOCK II OI OII an and others.		mlama Dib	4/22/02	954-462 <u>-2772</u>

Elena Ribot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STF FL32381F.1

SIGNATURE:

Daytime Phone #



ACCOUNT NO. : 072100000032

553648

REFERENCE

AUTHORIZATION

: \$ 150.00 COST LIMIT

ORDER DATE : April 29, 2002

ORDER TIME : 11:38 AM

ORDER NO. : 553648-005

CUSTOMER NO:

4336650

CUSTOMER: Ms. Sylvie G. Jordan

Baker & Mckenzie

19th Floor

1200 Brickell Avenue

Miami, FL 33131

ANNUAL REPORT FILING

NORTH WIND YACHTS, INC. NAME:

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#1114

EXAMINER'S INITIALS: