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

FILED Apr 28 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F75635 (5) MIAMI SAILING SCHOOL, INC. Principal Place of Business Mailing Address 3400 PAN AMERICAN DR P. O. BOX 1748 PIER 7 SUP 30 COCONUT OROVE FL 33233 DO NOT WRITE IN THIS SPACE COCONUT GROVE FL 39233 3. Date incorporated or Qualified 01/14/1982 Applied For 2. Principal Place of Business 2a. Mailing Address NOT APPLICABLE 21 26 Not Applicable Suite, Apt. #, etc Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HORAK, GEORGE J. 520 N.E. 38TH STREET, APT. 17 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33137** 83 84 City 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE HORAK, GEORGE J NAME 1.2 NAME CRZE034 520 NE 38TH ST APT #17 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CITY - ST- ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5 1 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME

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 applemental 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 only the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or an attal amond with an address. 14. I hereby certify that the info indicated on this annual rer officer or director of the co Block 12 or Block 13 if cha ment with an address SIGNATURE:

6.3 STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP