

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000001822 (4)

1. Corporation Name

MITSEAAH YACHT LTD, CORP.



Principal Place of Business

757 S.E. 17TH STREET  
SUITE 594  
FORT LAUDERDALE FL 33316

Mailing Address

757 S.E. 17TH STREET  
SUITE 594  
FORT LAUDERDALE FL 33316

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/14/1995

3a. Date of Last Report

4. FET Number

APPLIED FOR

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

9. Name and Address of Current Registered Agent

MAASS, ROBB R  
321 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480

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 of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE PCO  
NAME LIEBOWITZ, LEO  
STREET ADDRESS 125 JERICHO TURNPIKE  
CITY- ST- ZIP JERICHO NY ☐ DELETE

TITLE VD  
NAME LIEBOWITZ, ROSE  
STREET ADDRESS 125 JERICHO TURNPIKE  
CITY- ST- ZIP JERICHO NY ☐ DELETE

TITLE D  
NAME JONES, MICHAEL L  
STREET ADDRESS 1 TRINITY CHURCH ROAD  
CITY- ST- ZIP HAMILTON PARISH, BERMUDA ☐ DELETE

TITLE D  
NAME COX, WILLIAM M  
STREET ADDRESS MAYFLOWER DRIVE  
CITY- ST- ZIP DEVONSHIRE BERMUDA ☐ DELETE

TITLE S  
NAME DOLDING, ROSE  
STREET ADDRESS MILNER HOUSE, PARLIAMENT STREET  
CITY- ST- ZIP HAMILTON BERMUDA ☐ DELETE

TITLE AS  
NAME SOUSA, GEORGINA E  
STREET ADDRESS MILNER HOUSE, PARLIAMENT STREET  
CITY- ST- ZIP HAMILTON BERMUDA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
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 ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

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\*\*\*200.00

ae 5/1/96

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE TIME PHONE #