FILED Mar 09, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

•	1999 DIVISION OF CORPORATIONS					03-09-1999 90043 050 ***150.00				
DOCUN 1. Corporation	MENT # I	F9600000	5972							
Principal Place	e of Business		Mailing Address						INITI DRIBL BISIN IN	111 10010 1101 1807
1860 WICKS LN	-		REPULSE BAY RD #3							
APT 9-B APT 9-B							DO NOT WR	ITE IN T	THE COACE	
HONG KONG AS 30062— HK 2812-9659 HK 2812-7659							3. Date Incorporated or Qualifed		nis space	
TEL	2-4657	•	2012-	165)	_		11/15/1996			
2. Principal Pl	lace of Business		2a. Mailing Address				4. FEI Number		⊢	Applied For
21		2	6				58-2268705			Not Applicable
Suite, Apt.:	#, etc.	2	Suite, Apt. #, etc.				5. Certifcate of Status Desired		,	Additional Required
City & State	e	2	City & State				Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip	Ci	ountry	Zip	Cou	intry		8. This corporation owes the cur	rent yea	r Intangible	
24	25	2	9	30			Personal Property Tax.		☐ Yes	□No
	9. Name and A	ddress of Current Re	gistered Agent		Γ,		10. Name and Address of New	Registe	red Agent	
El OI	DIDA VACUT CH	ADTEDO P CALEO I	NC		81	Name				1
FLORIDA YACHT CHARTERS & SALES, INC.						Street Addre	ess (P.O. Box Number is Not Accept	able)		
1290 5TH ST MIAMI BCH FL 33139										
MITAN	ni DOITTE 3313	•			83					,
					84	City	• :			p Code
					Ш			nurnne		ite registered
11. Pursuant i	to the provisions of egistered agent, or	Sections 607.0502 and both, in the State of Fl	orida. Such change w	atutes, the a	d by	the corporatio	oration submits this statement for the n's board of directors. I hereby acce	pt the a	ppointment as	registered
agent. I ar	m familiar with, and	d accept the obligations	of, Section 607.0505,	, Florida Stat	utes.	•				
SIGNATURE	Slanature trend or printe	d name of registered agent and	title if applicable.	NOTE: Registere	Agen	t signature required	when reinstating)	DATE		\
12.	Orginature, typed or printe	OFFICERS AND D		13.			ADDITIONS/CHANGES TO O	FFICERS	S AND DIREC	TORS IN 12
TITLE	DCPT		☐ DELET	E 1.1 T	TLE				Chang	e Addition
NAME	RUSSELL, CHA	Arles r		1.2 N	AME					Ţ
STREET ADDRESS		RD #3 APT 9-B		1.3 S	TREET	ADDRESS	<u> </u>			
CITY-ST-ZIP		AS 30062 2812	<u>- 9659</u>	£1+6	HY-31	1-ZF				
TITLE	DCVS		☐ DELET	2.1 T	TLE				Chang	e
NAME	Russell, Ela			2.2 N		<i>'</i>				
STREET ADDRESS		RD #3 APT 9-B		2.3 \$	TREET	ADDRESS				į
CITY-ST-ZIP	HONG KONG	AS 30062 Z81	2-9657		311-3	T-ZIP			Chang	e Addition
TITLE			☐ DELETI						Onang	, A00,000
NAME i				. 3.2 N						
STREET ADDRESS						T ADDRESS				
CITY-ST-ZIP			☐ DELETI		ЛY-S	11-211			Chang	e Addition
TITLE NAME			<u></u>		AME					
STREET ADDRESS						T ADDRESS				
CITY-ST-ZIP					ITY- \$1					
TITLE			☐ DELET		_				Chang	ge Addition
NAME				5.2 N	AME					
STREET ADDRESS				5.3 \$	TREET	TADDRESS				
CITY-ST-ZIP				5.4 0	11Y-5	T-ZIP				
TITLE			☐ DELET	E 6.17	ITLE				[_] Chang	e
NAME				6.2 N	AME					
STREET ADDRESS				6.3 5	TREE	T ADDRESS				

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 ecciver 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 or an attachment with an address, with all other like Suppowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Daytime Phone #