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Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J73432** (3)

1. Corporation Name  
**BLACK FIN YACHT CORPORATION**

Principal Place of Business 3391 S.E. 14TH AVE. P.O. BOX 22982 FORT LAUDERDALE FL 33316 US	Mailing Address P.O. BOX 22982 FORT LAUDERDALE FL 33335 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/15/1987</b>	4. FEI Number <b>59-2822372</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 <b>3250 Mary Street</b> Suite, Apt. #, etc. 22 <b>Suite #301</b> City & State 23 <b>Coconut Grove, FL</b> Zip 24 <b>33133</b>	2a. Mailing Address 26 <b>Suite, Apt. #, etc.</b> 27 <b>Coconut Grove, FL</b> Zip 28 <b>33133</b> Country 29 <b>USA</b>	30 <b>USA</b>
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9. Name and Address of Current Registered Agent

**HERNDON, CARL M.**  
**3391 S.E. 14TH AVENUE**  
**(PORT EVERGLADES)**  
**FORT LAUDERDALE FL 33335**

10. Name and Address of New Registered Agent

81 Name <b>Alan L. Goldberg, Bankruptcy Trustee</b>	85 Zip Code <b>33133</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3250 Mary Street</b>	
83 Suite #301	
84 City <b>Coconut Grove</b>	<b>FL</b>

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 **Alan L. Goldberg, Bankruptcy Trustee** **1-20-98**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COB</b> <b>HERNDON, CARL M.</b> <b>3391 S.E. 14TH AVE.</b> <b>FT. LAUDERDALE FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>HERNDON, TONIA L</b> <b>3391 SE 14 AVE</b> <b>FT LAUDERDALE FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>HERNDON, CARL M JR</b> <b>3391 SE 14 AVE</b> <b>FT LAUDERDALE FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Bankruptcy Trustee</b> <b>Alan L. Goldberg</b> <b>3250 Mary Street, Suite #301</b> <b>Coconut Grove, FL 33133</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: **ALAN L. GOLDBERG, TR** **1/20/98 (305) 444-6658**

CR2E034 (10/97)