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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L43466

13466

COCONUT GROVE SAILS, INC.

(6)

Principal Place of Business Mailing Address

FILED Feb 10 1997 8:00am Secretary of State

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2950 SW 20TH MIAMI FL 3313 US		2950 SW 28TH LANE MIAMI FL 33133-3709 US					
					3. Date Incorporated or Qualified 01/16/1990	3a. Date of Last Report 07/02/1996	
<del></del>	lace of Business	h1	2a. Mailing Address		4. FEI Number	Applied For	
21 Cuita Ant	Л		26		65-0166702	Not Applicable	
Suite, Apt.		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Ζιρ <b>29</b>	Countr 30	у	8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes		
		f Current Registered Agent		10. Name and Address of New Registered Agent			
BARON, RICHARD				Name			
	77 BISCAYNE BLVD		82	Street Add	dress (P.O. Box Number is Not Acceptable	e)	
#30			<u></u>	]			
MIA	MI FL 33161		83	1			
			84	'		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, typed or profed name of reg		E flegistered Ag	ent signature requ	rred when reinstating)	DATE	
12.	OFFIC <b>D</b>	ERS AND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE NAME	ZIMMER, CARLA	DETE IE	1.1 TITLE			☐ Change ☐ Addition 2	
STREET ADDRESS	EZEN OUL BOND OT		1.2 NAMÉ			Š	
CITY-ST-ZIP	ANALI EI			1 ADDRESS		i	
TITLE			1.4 CITY - 2.1 TITLE	SI-ZIP		Change Addition	
NAME			2.2 NAME			Change D Addition	
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			2.4 CHY-	1			
TITLE	DELETE 3.1			31-211		Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	1 ADDRESS			
CITY-ST-ZIP			3.4. CiTY-	S1 - ZIP			
TITLE			4.1 THILE			Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4 3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 C/TY-	S1 - ZIP			
TITLE	DELETE 517		51 TITLE			Change Addition	
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STREE	1 ADDRESS			
CITY-ST-ZIP			5.4 C(1Y-	S1 - ZUP			
TITLE		DELETE	G.1 TITLE			☐ Change ☐ Addition	
NAME			6 2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			6.4 CITY-	S1 - ZIP			

. I do 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 armual 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 Blook 33 if granges, or on an attachment with an address.