

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000004925 (3)

1. Corporation Name

BAY EXPLORERS, INC.

Principal Place of Business

1104 PONCE DE LEON BOULEVARD  
CORAL GABLES FL 33134

Mailing Address

1104 PONCE DE LEON BOULEVARD  
CORAL GABLES FL 33134



3. Date Incorporated or Qualified  
10/03/1994

3a. Date of Last Report  
10/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-3274652

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

YELEN, MARTIN  
1104 PONCE DE LEON BOULEVARD  
CORAL GABLES FL 33134

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 617.0504, Florida Statutes.

SIGNATURE

*Martin Yelen*

Signature and printed name of registered agent and their application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME  
SAPP, DON  
STREET ADDRESS  
7601 NE 9TH AVENUE  
CITY-ST-ZIP  
MIAMI FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME  
YELEN, MARTIN  
STREET ADDRESS  
1925 BRICKELL AVENUE #D-1001  
CITY-ST-ZIP  
MIAMI FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME  
BETTS, KEITH  
STREET ADDRESS  
300 ALTON ROAD - MIAMI BEACH MARINA  
CITY-ST-ZIP  
MIAMI BEACH FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME  
ANDREW, DAN  
STREET ADDRESS  
6461 SW 43 ST  
CITY-ST-ZIP  
MIAMI FL

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME  
REED, BARRIE  
STREET ADDRESS  
1130 LUGO AVENUE  
CITY-ST-ZIP  
CORAL GABLES FL

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME  
SAPP, DIANNE  
STREET ADDRESS  
7601 NE 9TH AVENUE  
CITY-ST-ZIP  
MIAMI FL

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*Martin Yelen* MARTIN YELEN

4/29/96

305-2859309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)