

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Jan 24 1997 8:00am
Secretary of StateDOCUMENT # **N94000004925 (3)**

1. Corporation Name

BAY EXPLORERS, INC.

Principal Place of Business

Mailing Address

**1104 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33134****1104 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33134-3322**3. Date Incorporated or Qualified
10/03/19943a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

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, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SAPP, DON**
STREET ADDRESS **7601 NE 9TH AVENUE**
CITY - ST - ZIP **MIAMI FL**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE **VPD** ☐ DELETE
NAME **YELEN, MARTIN**
STREET ADDRESS **1925 BRICKELL AVENUE #D-1001**
CITY - ST - ZIP **MIAMI FL**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE **SD** ☐ DELETE
NAME **BETTS, KEITH**
STREET ADDRESS **300 ALTON ROAD - MIAMI BEACH MARINA**
CITY - ST - ZIP **MIAMI BEACH FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE **TD** ☐ DELETE
NAME **ANDREW, DAN**
STREET ADDRESS **6461 SW 43 ST**
CITY - ST - ZIP **MIAMI FL**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE **CD** ☐ DELETE
NAME **REED, BARRIE**
STREET ADDRESS **1130 LUGO AVENUE**
CITY - ST - ZIP **CORAL GABLES FL**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE **D** ☐ DELETE
NAME **SAPP, DIANNE**
STREET ADDRESS **7601 NE 9TH AVENUE**
CITY - ST - ZIP **MIAMI FL**6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0027039

CR2E037 (9/96)