

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000009007 (5)

1. Corporation Name
SUPERIOR WINCHBOATS, INC.



Principal Place of Business / Mailing Address
**4675 PONCE DE LEON BLVD.
SUITE 305
CORAL GABLES FL 33146**

2. Principal Place of Business / 2a. Mailing Address
21. Suite, Apt. #, etc. / 26. Suite, Apt. #, etc.
22. City & State / 27. City & State
23. Zip / 28. Zip
24. County / 29. County

3. Date Incorporated or Qualified: **11/30/1992**
3a. Date of Last Report: **04/17/1995**
4. FEI Number: **59-3153193**
5. Certificate of Status Required: **\$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. 607.02 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**STINSON, LOUIS J
4675 PONCE DE LEON BLVD.
RIVERIA PROF BLDG. - SUITE 305
CORAL GABLES FL 33148**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Numbers Not Accepted)
83.
84. City
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 and I am familiar with and accept the obligations of Section 607.0502, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DE LACAYO, MYRIAM	
STREET ADDRESS	ALTOS DE STO DOMINGO NUMBER 104	
CITY, ST, ZIP	MANAGUA NICARAGUA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	STINSON, JR., LOUIS	
STREET ADDRESS	4675 PONCE DE LEON BLVD., STE. 305	
CITY, ST, ZIP	CORAL GAVLES FL 3314-6	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
2.2. NAME	
2.3. STREET ADDRESS	
2.4. CITY, ST, ZIP	
3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
3.2. NAME	
3.3. STREET ADDRESS	
3.4. CITY, ST, ZIP	
4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2. NAME	
4.3. STREET ADDRESS	
4.4. CITY, ST, ZIP	
5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2. NAME	
5.3. STREET ADDRESS	
5.4. CITY, ST, ZIP	
6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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)(b), Florida Statutes. I further certify that the information disclosed 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 a resident of the State of Florida or the resident or trustee empowered to give or to accept this report as required by Chapter 617, Laws of Florida, and that my name appears on Block 12 or Block 13 if changed, or on an affidavit filed with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/96 305-667-7571

CR2E034 (3/96)