

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000076977 (6)

1. Corporation Name  
NAUTICAL SPORTS, INC.

FILED

97 JUL -2 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1912 POND OF LEON BLVD.  
SUITE 201  
CORAL GABLES, FL 33134

Mailing Address  
1912 POND OF LEON BLVD.  
SUITE 201  
CORAL GABLES, FL 33134

3. Date Incorporated or Qualified  
11/01/1993

3a. Date of Last Report  
06/19/1996

2. Principal Place of Business  
21 301 ALMERIA AVE

2a. Mailing Address  
26 301 ALMERIA AVE.

4. FEI Number  
65-0453387

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 STE. 230

Suite, Apt. #, etc.  
27 STE. 230

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

City & State  
23 CORAL GABLES

City & State  
28 CORAL GABLES

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip  
24 33134

Country  
25 DADE

Zip  
29 33134

Country  
30 DADE

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

RESAGE, INC.  
10420 SW 97TH ST.  
MIAMI FL 33176

81 Name  
JOSE ANTONIO LLAMA  
82 Street Address (P.O. Box Number is Not Acceptable)  
301 ALMERIA AVE. STE. 230  
83  
84 City  
CORAL GABLES FL 85 Zip Code  
33134

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 for business 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 the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
LLAMA, JOSE-ANTONIO  
301 ALMERIA AVE., SUITE 230  
CORAL GABLES FL 33134

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Change ☐ Addition ☐  
400002232504-3  
-07/08/97--01038--4005  
\*\*\*\*165.00 \*\*\*\*165.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE ☐

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE ☐

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE ☐

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE ☐

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE ☐

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change ☐ Addition ☐

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 hereby 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.

belaney

1/28/97

(305)  
443-6991

CR2E034 (9/96)