FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000029794 (2)

1. Corporation Name
CUTLER RIDGE DIVING CENTER, INC.

400001480804
-05/09/95 --01085 --023
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
20850-A SOUTH DIXIE HIGHWAY MIAMI FL 33189	20850-A SOUTH DIXIE HIGHWAY MIAMI FL 33189

3. Date Incorporated or Qualified: 04/18/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 9847 SW 184 St	26 9847 SW 184 St
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip / Country 24 33157 25 USA	Zip / Country 29 33157 30 USA

4. FEI Number: 65-0489231 ☐ Applied For ☐ Not Applicable

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 been/will be elected to be taxed as an "S" corporation under Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KEVORKIAN/FINCH, GINA 20850-A SOUTH DIXIE HIGHWAY MIAMI FL 33189	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 9847 SW 184 St 83 84 City: MIAMI FL 85 Zip Code: 33157

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: Gina M Kevorkian DATE: 4/27/94
(Address, type or print name of registered agent and, if applicable, the office address of registered agent)
Gina M Kevorkian-Finch
(If not, Registered Agent's name and signature required below)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P ☒ Change ☐ Addition
NAME	KEVORKIAN/FINCH, GINA M	12 NAME	KEVORKIAN/FINCH, GINA M
STREET ADDRESS	20850-A SOUTH DIXIE HIGHWAY	13 STREET ADDRESS	9847 SW 184 St
CITY-ST-ZIP	MIAMI FL 33189	14 CITY-ST-ZIP	MIAMI FL 33157
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gina M Kevorkian-Finch 4/27/94 305 251 3710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0206306 CP