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Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000032349 (0)

1. Corporation Name
RAHN BAHIA MAR, INC.

Principal Place of Business
1512 E. BROWARD BLVD., SUITE 301
FORT LAUDERDALE FL 33301

Mailing Address
1512 E. BROWARD BLVD., SUITE 301
FORT LAUDERDALE FL 33301-2180



3. Date Incorporated or Qualified 04/28/1994
3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 450 E. Las Olas Blvd. Suite, Apt. #, etc.	26 450 E. Las Olas Blvd. Suite, Apt. #, etc.	65-0498959	Not Applicable
22 Suite 700 City & State	27 Suite 700 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Ft. Lauderdale, FL Zip	28 Ft. Lauderdale, FL Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33301	29 33301	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARDINA, CAROL J 1512 E BROWARD BLVD. SUITE 301 FT LAUDERDALE FL 33301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 450 E. Las Olas Blvd. 83 Suite 700 84 City Ft. Lauderdale, FL 85 Zip Code 33301

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
VD ROBERTS, PETER H 1512 E. BROWARD BLVD., SUITE 301 FORT LAUDERDALE FL	450 E. Las Olas Blvd, Ste 700 Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
VD ANDERSON, JOHN H 1512 E BROWARD BLVD., STE 301 FT LAUDERDALE FL	450 E. Las Olas Blvd., Ste 700 Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
VT STIRK, ROBERT J 1512 E BROWARD BLVD., STE. 301 FT LAUDERDALE FL	450 E. Las Olas Blvd., Ste 700 Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
PD ROCHON, RICHARD C 1512 E BROWARD BLVD., STE. 301 FT LAUDERDALE FL	450 E. Las Olas Blvd., Ste 700 Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert J. Stirk* Robert J. Stirk 3/3/97 (954) 524-5336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)