

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

FILED

Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McSham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P94000032349 (0)**

1. Corporation Name
RAHN BAHIA MAR, INC.



Principal Place of Business 450 E LAS OLAS BLVD SUITE 1500 FORT LAUDERDALE FL 33301 US	Mailing Address 450 E LAS OLAS BLVD SUITE 1500 FORT LAUDERDALE FL 33301 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 SUITE 1400 23 City & State 24 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 SUITE 1400 28 City & State 29 Zip Country		3. Date Incorporated or Qualified 04/28/1994	
		4. FEI Number 65-0498959		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SE THIRD AVE., 28TH FLOOR MIAMI FL 33131				10. Name and Address of New Registered Agent	
				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 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

Signature: Typed or printed name of registered agent and title if applicable

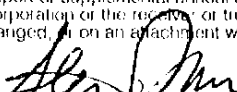
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PIERCE, WILLIAM			1.2 NAME			
STREET ADDRESS	450 E OLAS BLVD., SUITE 1500			1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			1.4 CITY-ST-ZIP			
TITLE	TVP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DAURIA, STEVEN M			2.2 NAME			
STREET ADDRESS	450 E OLAS BLVD., SUITE 1500			2.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			2.4 CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	EVANS, RICHARD H			3.2 NAME			
STREET ADDRESS	450 E OLAS BLVD., SUITE 1500			3.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			3.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROCHON, RICHARD C			4.2 NAME			
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1500			4.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			4.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HANDLEY, RICHARD L			5.2 NAME			
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1500			5.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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, on an attachment with an address.

SIGNATURE:



CR2E034 (10/97)