FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
AMENDED **1997**

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

FILED
97 JUL -7 PM 3:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000041599

1. Corporation Name

RAHN BAHIA, INC.
* c/o Florida Panthers

Principal Place of Business	Mailing Address
450 E Las Olas Boulevard Suite 700 Ft. Lauderdale, FL 33301	450 E Las Olas Boulevard Suite 1500 Ft. Lauderdale, FL 33301

3. Date Incorporated or Qualified: 06.03.94
3a. Date of Last Report: 03.17.97

2. Principal Place of Business	2a. Mailing Address
21 **450 E Las Olas Blvd**	26 450 E Las Olas Blvd*
22 Suite, Apt. #, etc: Suite 1500	27 Suite, Apt. #, etc: Suite 1500
23 City & State: Ft. Lauderdale, FL	28 City & State: Ft. Lauderdale, FL
24 Zip: 33301 / 25 Country	29 Zip: 33301 / 30 Country

4. FEI Number: 65-0498957 ☐ 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 liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GAPDINA, CAROL J[illegible]
450 E Las Olas Boulevard
Suite 700
Ft. Lauderdale, FL 33301

10. Name and Address of New Registered Agent

81 Name: AMERICAN INFORMATION SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable): One Se Third Avenue, 28th Floor
83 [illegible]
84 City: Miami **FL** 85 Zip Code: 33131

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: AMERICAN INFORMATION SERVICES, INC. By: [signature] [illegible] 05.19.97
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	President/Director	11 TITLE	President/
NAME	Roberts, Peter H.	12 NAME	Evans, Richard H.
STREET ADDRESS	450 E Las Olas, Suite 700	13 STREET ADDRESS	450 E Las Olas Blvd., #1500
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	14 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
	☐ DELETE		☐ Change ☒ Addition
TITLE	Vice-Pres./Director	21 TITLE	Vice-Pres./Director
NAME	Anderson, John H.	22 NAME	Pierce, William
STREET ADDRESS	450 E Las Olas, Suite 700	23 STREET ADDRESS	450 E Las Olas Blvd., #1500
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	24 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
	☒ DELETE		☐ Change ☒ Addition
TITLE	Vice-Pres.Treasurer	31 TITLE	Treasurer/Vice President
NAME	Stirk, Robert J.	32 NAME	Dauria, Steven M.
STREET ADDRESS	450 E Las Olas, Suite 700	33 STREET ADDRESS	450 E Las Olas Blvd., #1500
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	34 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
	☒ DELETE		☐ Change ☒ Addition
TITLE		41 TITLE	Secretary
NAME		42 NAME	Handley, Richard L.
STREET ADDRESS		43 STREET ADDRESS	450 E Las Olas Blvd., #1500
CITY-ST-ZIP		44 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
	☐ DELETE		☐ Change ☐ Addition
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
	☐ DELETE		☐ Change ☐ Addition
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	
	☐ DELETE		☐ Change ☐ Addition

CR2E034 (9/96)

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 added above or on an attachment with an address.

SIGNATURE: By: [signature] William Pierce, VP 05.20.97 954-627-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR