

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. Morthant Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P94000041599 (9)**

1. Corporation Name
RAHN BAHIA, 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

3. Date Incorporated or Qualified

06/03/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 **SUITE 1400**

23 City & State

24 Zip

25 Country

26

2a. Mailing Address

26 Suite, Apt. #, etc.

27 **SUITE 1400**

28 City & State

29 Zip

30 Country

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

TITLE	P	☒ DELETE
NAME	EVANS, RICHARD H	
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1500	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

TITLE	VPD	☐ DELETE
NAME	PIERCE, WILLIAM	
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1500	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

TITLE	TVP	☐ DELETE
NAME	DAURIA, STEVEN M	
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1500	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

TITLE	S	☒ DELETE
NAME	HANDLEY, RICHARD L	
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1500	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	☐ Change ☒ Addition
12 NAME	RICHARD C. ROCHON	
13 STREET ADDRESS	450 E. LAS OLAS BLVD., SUITE 1400	
14 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	

21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		

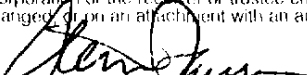
41 TITLE	S / VP	☒ Change ☐ Addition
42 NAME	HANDLEY, RICHARD L.	
43 STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1500	
44 CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	

51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		

61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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, or on an attachment with an address.

SIGNATURE:



CR2034 (10/97)