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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000051944 (4)

FILED Mar 31 1998 8:00am Secretary of State

MIAMI YACHT INTERNATIONAL SURVEYORS, INC. Principal Place of Business Mailing Address 9215 SOUTHERN ORCHARD ROAD SOUTH 9215 SOUTHERN ORCHARD ROAD SOUTH **DAVIE FL 33328** DAVIE FL 33328 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/13/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0511477 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 25 Personal Property Tax due June 30. 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEDERER, STEVEN L ESQUIRE 2450 N.E. MIAMI GARDENS DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE #100 83 NORTH MIAMI BEACH FL 33180 84 City 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 publied name of registered agent and trip if applicable (NOTE: Registered Agent signature required when reinstating) (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **DPST** DELETE Change TITLE 1.1 TITLE DREDGE, LOURDES M 1.2 NAME NAME CR2E034 9215 SOUTHERN ORCHARD RD. STREET ADDRESS 1.3 STAFET ADDRESS DAVIE FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition 2.1 7 ITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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, or on any flactment with an address.

CICNATURE.