

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1997



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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # P94000054347 (7)

1. Corporation Name

BLUE HEAVEN MARINE CHARTERS, INC.

Principal Place of Business

Mailing Address

1. H. ALLAN SHORE
1221 BRICKELL AVE.
MIAMI FL 33131

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1221 BRICKELL AVE.
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified

3a. Date of Last Report

07/22/1994

4. FEI Number

13-3781946

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

2. Principal Place of Business

2a. Mailing Address

21 c/o: J.T. Aviation

26

Suite, Apt. #, etc.

SAME

22 16 E. 40th St., 12th Floor

27

City & State

23 New York, NY

28

City & State

24 Zip

10016

Country

USA

Zip

Country

29

Zip

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 607.1506, 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 D
NAME CAYRE, JOE
STREET ADDRESS 1221 BRICKELL AVE.
CITY-ST-ZIP MIAMI FL 33131

1.1 TITLE P
1.2 NAME
1.3 STREET ADDRESS 16 E. 40th Street - 12th Floor
1.4 CITY-ST-ZIP New York, NY 10016

TITLE D
NAME CAYRE, JACK
STREET ADDRESS 1221 BRICKELL AVE.
CITY-ST-ZIP MIAMI FL 33131

2.1 TITLE S/T
2.2 NAME
2.3 STREET ADDRESS 16 E. 40th Street - 12th Floor
2.4 CITY-ST-ZIP New York, NY 10016

TITLE
NAME Vice-President
STREET ADDRESS Michael Haddad
CITY-ST-ZIP 16 East 40th Street - 12th floor
New York, New York 10016

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT

5/1/97

212-951-3000
Daytime Phone