

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

FILED

May 05 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P94000077892 (5)**

1. Corporation Name  
**MAHOGANY SPORTS FISHING CLUB, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>1080 NW 85TH STREET<br/>MIAMI FL 33150</b> | Mailing Address<br><b>1080 NW 85TH STREET<br/>MIAMI FL 33150-2534</b> |
|--|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>10/20/1994</b> | 3a. Date of Last Report<br><b>08/20/1996</b> |
|--|--|

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 4. FEI Number<br><b>65-0534051</b><br>Applied For<br>Not Applicable | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---|--|---|--|

9. Name and Address of Current Registered Agent

**O'BRYANT, ROBERT  
1080 NW 85TH STREET  
MIAMI FL 33150**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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: *Robert O'Bryant*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-26-97**

| 12. OFFICERS AND DIRECTORS                        |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|---|--|
| TITLE<br><b>PC</b>                                | <input type="checkbox"/> DELETE            | 1.1 TITLE<br><b>DIRECTOR</b>                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>O'BRYANT, ROBERT</b>                   |  | 1.2 NAME<br><b>CARLOS BATIST</b>                      |  |
| STREET ADDRESS<br><b>1080 NW 85TH STREET</b>      |  | 1.3 STREET ADDRESS<br><b>5360 N.W. 181 TERRACE</b>    |  |
| CITY - ST - ZIP<br><b>MIAMI FL 33150</b>          |  | 1.4 CITY - ST - ZIP<br><b>MIAMI FL 33055</b>          |  |
| TITLE<br><b>V</b>                                 | <input type="checkbox"/> DELETE            | 2.1 TITLE<br><b>Ronald L. Bethel Jr.</b>              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>WAY, ANTHONY</b>                       |  | 2.2 NAME<br><b>5891 N.W. 201 Lane</b>                 |  |
| STREET ADDRESS<br><b>17711 NW 12TH AVE</b>        |  | 2.3 STREET ADDRESS<br><b>Miami, Florida 33015</b>     |  |
| CITY - ST - ZIP<br><b>MIAMI FL 33169</b>          |  | 2.4 CITY - ST - ZIP                                   |  |
| TITLE<br><b>DEVELOPER</b>                         | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>FLOWERS, RON</b>                       |  | 3.2 NAME  |  |
| STREET ADDRESS<br><b>192 35 NW 8TH</b>            |  | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP<br><b>MIAMI FL 33169</b>          |  | 3.4 CITY - ST - ZIP                                   |  |
| TITLE<br><b>S</b>                                 | <input type="checkbox"/> DELETE            | 4.1 TITLE<br><b>SECRETARY</b>                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>ESTUARNIE, BARBRA</b>                  |  | 4.2 NAME<br><b>BARBARA Estivene</b>                   |  |
| STREET ADDRESS<br><b>2723 NW 60 ST</b>            |  | 4.3 STREET ADDRESS<br><b>MIAMI, FL 33142</b>          |  |
| CITY - ST - ZIP<br><b>MIAMI FL 33147</b>          |  | 4.4 CITY - ST - ZIP                                   |  |
| TITLE<br><b>T</b>                                 | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>HAYES, CLYDE</b>                       |  | 5.2 NAME  |  |
| STREET ADDRESS<br><b>12750 NW 27TH AVE AP. 20</b> |  | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP<br><b>MIAMI FL 33054</b>          |  | 5.4 CITY - ST - ZIP                                   |  |
| TITLE<br><b>D</b>                                 | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>Ronald L. Bethel Jr.</b>               |  | 6.2 NAME  |  |
| STREET ADDRESS<br><b>5891 N.W. 201 Lane</b>       |  | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP<br><b>Miami, Florida 33015</b>    |  | 6.4 CITY - ST - ZIP                                   |  |

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 on an attachment with an address.

SIGNATURE: *Robert O'Bryant* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-97**

Date

Daytime Phone #

0207201

CR2E034 (9/96)