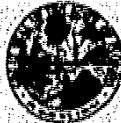


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED

95 JUL -7 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082080 (0)

1. Corporation Name

VIP YACHT CHARTERS, INC.

Principal Place of Business

10981 SW 70TH TER  
MIAMI FL 33173

Mailing Address

10981 SW 70TH TER  
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/09/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

65-053-3010

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

BROWN, CONRAD  
10981 SW 70TH TER  
MIAMI FL 33173

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

12.1

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DPS  
BROWN, CONRAD  
% 10981 SW 70TH TER  
MIAMI FL 33173

12.2

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

12.3

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

12.4

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

12.5

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

12.6

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.2

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.3

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.4

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.5

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.6

TITLE

NAME

STREET ADDRESS

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 190.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/95 (305) 949-4165

CR2E034 (3/95)