


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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90019 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000008363

1. Corporation Name

ATLANTIS SUBMARINES (MIAMI) INC.



Principal Place of Business % ATLANTIS SUBMARINES INTERNATIONAL INC. 55 WEST 8TH AVENUE VANCOUVER, BRITISH COLUMBIA CD	Mailing Address % ATLANTIS SUBMARINES INTERNATIONAL INC. 55 WEST 8TH AVENUE VANCOUVER, BRITISH COLUMBIA CD
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1995

2. Principal Place of Business
21 1120 SE 3rd Avenue

2a. Mailing Address
26 1120 SE 3rd Avenue

4. FEI Number
65-0562369

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
Fort Lauderdale, Florida

28 City & State
Fort Lauderdale, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip Country
33316 USA

29 Zip Country
33316 USA

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDOWELL, CARTER N
% ECKERT SEAMANS CHERIN & MELLOTT
701 BRICKELL AVE BARNETT TOWER 18TH FLOOR
MIAMI FL 33131

81 Name
ROBERT THEOFEL

82 Street Address (P.O. Box Number is Not Acceptable)

83 1120 SE 3rd Avenue

84 City Zip Code
Fort Lauderdale FL 33316

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.

ROBERT THEOFEL, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input checked="" type="checkbox"/> DELETE
NAME	ASQUITH, GEORGE	
STREET ADDRESS	55 WEST 8TH AVENUE	
CITY-ST-ZIP	VANCOUVER, BRITISH COLUMBIA	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THEOFEL, ROBERT	
1.3 STREET ADDRESS	1120 SE 3rd Avenue	
1.4 CITY-ST-ZIP	Fort Lauderdale, FLA	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT THEOFEL

Date

Daytime Phone #

CR2E034 (11/98)