FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000023491 (0)

1. Corporation Name

REVENGE CHARTERS, INC.

Principal Place of Business

111 S.W. 3RD STREET
SIXTH FLOOR MCCORMICK BLDG.
MIAMI FL 33130

Mailing Address

111 S.W. 3RD STREET
SIXTH FLOOR MCCORMICK BLDG.
MIAMI FL 33130

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 03/23/1995
3a. Date of Last Report:
4. FEI Number: 65-0569541 ☐ 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**

HARRIS, ELLIOTT
111 S.W. 3RD STREET
SIXTH FLOOR MCCORMICK BLDG.
MIAMI FL 33130

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE	VPSD	☑ Change ☐ Addition
NAME	HIRSCH, HAROLD		1.2 NAME		
STREET ADDRESS	111 S.W. 3RD ST. SIXTH FLOOR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE	AS	☑ Change ☐ Addition
NAME	HARRIS, ELLIOTT ASST.		2.2 NAME	ELLIOTT Harris	
STREET ADDRESS	111 S.W. 3RD ST. SIXTH FLOOR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	P	☐ Change ☑ Addition
NAME			3.2 NAME	LEANORA KUHN	
STREET ADDRESS			3.3 STREET ADDRESS	111 SW 3 St, 6th Floor	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	MIAMI, FL 33130	
TITLE		☐ DELETE	4.1 TITLE	2nd VP	☐ Change ☑ Addition
NAME			4.2 NAME	BARBARA Hirsch	
STREET ADDRESS			4.3 STREET ADDRESS	111 SW 3rd St, 6th Floor	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MIAMI, FL 33130	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 if changed, or on an attachment with an address.

SIGNATURE: [signature], Elliott Harris Ass't Secty — 2-7-96 — (305) 358-9946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)