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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000024103 (0)

Corporation Name			• • •	• • •	_	`
NORTH DADE	DIVING	INSTITUTE	, INC.			

Mating Address Principal Place of Business 16604 N.E. 2ND AVENUE 16804 N.E. 2ND AVENUE NO. MIAMI BEACH FL 33162 NO. MIAMI BEACH FL 33162 3. Date Incorporated or Qualified 3a. Date of Last Report 03/24/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #, etc. Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Country Zip Yes No Florida Statutes 29 30 25 Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 82 PANISCH, ROBERT M ESQ. 2090 NO. UNIVERSITY DRIVE 83 SUNRISE FL 33322 Zip Code 85 **84** City 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. Thereby accept the appointment as registered agent. Lami familiar with, and accept the obligations of, Section 607,0505. Florida Statutes

Signature: Specific period service and the displaced and the displaced agent agent signature registery.

Date: CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OF FICERS AND DIRECTORS 12. Addition DELETE 1 1 hilt F TITLE 12 NAME PANISCH, LEONARD S NAMÉ 1.3 STREET ADDRESS 19301 NE 19TH PLACE STREET ADDRESS 14 Cilly - ST 7iP NO. MIAMI BEACH FL 33179 CITY-ST 712 Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY ST-ZIP Addition Fill Change CITY-ST-ZP DELETE 3 1 DILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 City - ST - &P Change ☐ Addition CITY-ST-ZIP DELETE 4 1 DILE TITLE 42 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.CIT++\$1-ZIP Change ☐ Addition CITY-ST ZIP DELETE 5 1 THUS TITLE 5.2 NAME NAME 5.3 STREET ADDRESS

5.4.C/1Y ST-ZIP

6.3 STREET ADDRESS

6 THLE

6.2 NAME

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and dors not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this amount report or supplemental amount report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this amount report or supplemental amount report is fire an additional transfer or director of the corporation or the receiver or trusted appropriate the 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 a state of the execute this report as required by Chapter 607.

Change

Addition

SIGNATURE: X

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

THLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[] DELETÉ