

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000025340 (7)			
1. Corporation Name OUT OF THE BLUE SAILING CHARTERS, INC.			
Principal Place of Business 19 W FLAGLER ST 217 MIAMI FL 33130		Mailing Address 19 W FLAGLER ST 217 MIAMI FL 33130-4406	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 03/27/1995		3a. Date of Last Report 08/14/1996	
4. FEI Number 65-0571674		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent POST, ZEIDA 19 W FLAGLER ST 217 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 _____ (NOTE: Registered Agent; signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
1.5 TITLE <input type="checkbox"/> DELETE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY-ST-ZIP			
1.9 TITLE <input type="checkbox"/> DELETE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP			
1.13 TITLE <input type="checkbox"/> DELETE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP			
1.17 TITLE <input type="checkbox"/> DELETE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP			
1.21 TITLE <input type="checkbox"/> DELETE 1.22 NAME 1.23 STREET ADDRESS 1.24 CITY-ST-ZIP			
1.25 TITLE <input type="checkbox"/> DELETE 1.26 NAME 1.27 STREET ADDRESS 1.28 CITY-ST-ZIP			
1.29 TITLE <input type="checkbox"/> DELETE 1.30 NAME 1.31 STREET ADDRESS 1.32 CITY-ST-ZIP			
1.33 TITLE <input type="checkbox"/> DELETE 1.34 NAME 1.35 STREET ADDRESS 1.36 CITY-ST-ZIP			
1.37 TITLE <input type="checkbox"/> DELETE 1.38 NAME 1.39 STREET ADDRESS 1.40 CITY-ST-ZIP			
1.41 TITLE <input type="checkbox"/> DELETE 1.42 NAME 1.43 STREET ADDRESS 1.44 CITY-ST-ZIP			
1.45 TITLE <input type="checkbox"/> DELETE 1.46 NAME 1.47 STREET ADDRESS 1.48 CITY-ST-ZIP			
1.49 TITLE <input type="checkbox"/> DELETE 1.50 NAME 1.51 STREET ADDRESS 1.52 CITY-ST-ZIP			
1.53 TITLE <input type="checkbox"/> DELETE 1.54 NAME 1.55 STREET ADDRESS 1.56 CITY-ST-ZIP			
1.57 TITLE <input type="checkbox"/> DELETE 1.58 NAME 1.59 STREET ADDRESS 1.60 CITY-ST-ZIP			
1.61 TITLE <input type="checkbox"/> DELETE 1.62 NAME 1.63 STREET ADDRESS 1.64 CITY-ST-ZIP			
1.65 TITLE <input type="checkbox"/> DELETE 1.66 NAME 1.67 STREET ADDRESS 1.68 CITY-ST-ZIP			
1.69 TITLE <input type="checkbox"/> DELETE 1.70 NAME 1.71 STREET ADDRESS 1.72 CITY-ST-ZIP			
1.73 TITLE <input type="checkbox"/> DELETE 1.74 NAME 1.75 STREET ADDRESS 1.76 CITY-ST-ZIP			
1.77 TITLE <input type="checkbox"/> DELETE 1.78 NAME 1.79 STREET ADDRESS 1.80 CITY-ST-ZIP			
1.81 TITLE <input type="checkbox"/> DELETE 1.82 NAME 1.83 STREET ADDRESS 1.84 CITY-ST-ZIP			
1.85 TITLE <input type="checkbox"/> DELETE 1.86 NAME 1.87 STREET ADDRESS 1.88 CITY-ST-ZIP			
1.89 TITLE <input type="checkbox"/> DELETE 1.90 NAME 1.91 STREET ADDRESS 1.92 CITY-ST-ZIP			
1.93 TITLE <input type="checkbox"/> DELETE 1.94 NAME 1.95 STREET ADDRESS 1.96 CITY-ST-ZIP			
1.97 TITLE <input type="checkbox"/> DELETE 1.98 NAME 1.99 STREET ADDRESS 2.00 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: <u>Martha Ramirez</u> <u>4/29/97</u> <u>(005)</u> <u>539-1786</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E034 (9/96)