

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000042199 (6)**

1. Corporation Name
DEL MAR DIVE & TRAVEL INC.

Principal Place of Business

**15820 SW 90TH CT
MIAMI FL 33157**

Mailing Address

**SOUTH BROWARD ACCOUNTING SERVICES, INC.
8050 PINES BLVD
PEMBROKE PINES FL 33024
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**TRAGER, BERNSTEIN & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS
1000 NORTH HIATUS ROAD, STE. 110
PEMBROKE PINES, FL 33026**

3. Date Incorporated or Qualified

05/25/1995

4. FEI Number

65-0588259

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**DEL TORAL, MARGARET
15820 SW 90TH CT
MIAMI FL 33157**

10. Name and Address of New Registered Agent

81 Name

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

18 ARICA DRIVE

KEY LARGO, FL 33037

83 City

KEY LARGO

FL

85 Zip Code

33037

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME
DEL TORAL, ALBERT
STREET ADDRESS
15820 SW 90TH CT
CITY-ST-ZIP
MIAMI FL 33157**

TITLE ☐ DELETE

**D
NAME
DEL TORAL, MARGARET
STREET ADDRESS
15820 SW 90TH CT
CITY-ST-ZIP
MIAMI FL 33157**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

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STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**18 ARICA DRIVE
KEY LARGO, FL 33037**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**18 ARICA DRIVE
KEY LARGO, FL 33037**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 individual authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if the agent, or on an attachment with an address.

SIGNATURE

MARGARET DEL TORAL

3/16/98 (305) 853-5476

CR2E034 (10/97)