

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

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

3. Date Incorporated or Qualified: **05/25/1995**

2. Principal Place of Business

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

22 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country **27** City & State **28** Zip **29** Country **30**

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)
800 BAYVIEW DR

83 City
KEY LARGO

84 City **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	DEL TORAL, ALBERT	
STREET ADDRESS	15820 SW 90TH CT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/>
NAME	DEL TORAL, MARGARET	
STREET ADDRESS	15820 SW 90TH CT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	18 ARICA DRIVE		
1.4 CITY-ST-ZIP	KEY LARGO, FL 33037		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	18 ARICA DRIVE		
2.4 CITY-ST-ZIP	KEY LARGO, FL 33037		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 limited liability partnership and that I am authorized to execute this filing as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with an address.

SIGNATURE **MARGARET DEL TORAL** **3/16/98 (305) 853-5476**

CR2E034 (10/97)