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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000046163 (8)

1. Corporation Name

BOATRIDES INTERNATIONAL, INC.



Principal Place of Business

401 BISCAYNE BLVD.
MIAMI FL 33136

Mailing Address

P.O. BOX 110710
MIAMI FL 33111

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

BETZ, GILBERT C
2025 S.W. 32ND AVENUE
MIAMI FL 33145

3. Date Incorporated or Qualified

05/31/1995

3a. Date of Last Report

4. FEI Number

86 5-0622254

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SOFGE, CHARLES E
STREET ADDRESS 15640 BELLANCA LANE
CITY-ST-ZIP WELLINGTON FL 33414 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Manager ☐ Change ☒ Addition
1.2 NAME Haley Sofge
1.3 STREET ADDRESS 2703 H. 101A
1.4 CITY-ST-ZIP MIAMI, FL 33133

2.1 TITLE Secretary ☐ Change ☒ Addition
2.2 NAME Santiago Alcalde
2.3 STREET ADDRESS 3315 S.W. 20th ST
2.4 CITY-ST-ZIP MIAMI, FL

3.1 TITLE President ☐ Change ☒ Addition
3.2 NAME JAMES THOMAS
3.3 STREET ADDRESS 15211 S.W. 86th AVE
3.4 CITY-ST-ZIP MIAMI, FL

4.1 TITLE TREASURER ☐ Change ☒ Addition
4.2 NAME Richard Thomas
4.3 STREET ADDRESS 15010 S.W. 84th CRT
4.4 CITY-ST-ZIP MIAMI, FL

5.1 TITLE 600001838216 ☐ Change ☐ Addition
5.2 NAME -05/24/96--01030--006
5.3 STREET ADDRESS ***200.00

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Haley

3/13

Date

379-5119

Daytime Phone #

CR2E034 (12/95)