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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS -

DOCUMENT # P95000071603 (1)

MARLIN YACHT SALES, INC.

Principal Place of Business Mailing Address 14100 BISCAYNE BLVD. BAY 12 14100 BISCAYNE BLVD. BAY 12 NO. MIAMI FL 331B1 NO. MIAMI FL 33181 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0630630 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zφ 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes Yes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHAPIRO, JULIE G ESQ. 420 SO. DIXIE HIGHWAY 3RD FLOOR Street Address (P.O. Box Number is Not Acceptable) 82 CORAL GABLES FL 33146 83 84 City Zip Code Pursuant to the provisions of Sections 607-0502 and
office or registered agent, or both, in the State of the
agent. Lam familiar with, and accept the obligations. ctions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to, in the State of Lorida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered cept the obligator of the corporation of the corpora SIGNATURE red Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 🔲 DELETE Change Addition TITLE 1.1 TITLE GISMONDI-SALBE, ANGELA NAME 1.2 NAME CR2E034 14100 BISCAYNE BLVD. BAY 12 STREET ADDRESS 1.3 STREET ADDRESS NO. MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TULE 2 1 TITLE NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 C(TY-ST-Z)P DELLETE Change Addition TITLE 3 1 11TLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4 CITY-ST-ZIP DELETE 41 TITLE Change Addition NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 44 CITY-ST-ZIP DETETE Change Addition TITLE 5.1 TITLE

14. Thereby 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 armoal report or supplienced 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 trusted to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of denoted or on an attachment with an address.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

DITE

5.4 CITY-ST-ZIP

6 3 STREET ADDRESS

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-S1-ZIF

2/12/98

305-948-8448

Change

Addition

FILED

Feb 24 1998 8:00am

Secretary of State