

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

FILED

97 FEB 24 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000093933 (6)**

1. Corporation Name  
**PORTOFINO YACHT CLUB, INC.**



Principal Place of Business  
**448 COLLINS AVE.  
MIAMI BEACH FL 33139**

Mailing Address  
**448 COLLINS AVE.  
MIAMI BEACH FL 33139-6610**

3. Date Incorporated or Qualified <b>12/11/1995</b>	3a. Date of Last Report <b>03/22/1996</b>
4. FEI Number <b>65-0629072</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>One South Pointe Dr</b> Suite, Apt #, etc.	26 <b>One South Pointe Dr</b> Suite, Apt #, etc.
22 <b>Miami Beach FL</b> City & State	27 <b>Miami Beach FL</b> City & State
23 <b>33139</b> Zip <b>FL</b> Country	28 <b>33139</b> Zip <b>FL</b> Country

9. Name and Address of Current Registered Agent <b>THREATT, ROBERT R 448 COLLINS AVENUE MIAMI BEACH FL 33139</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>One South Pointe Drive</b> 83 84 City <b>Miami Beach</b> 85 Zip Code <b>FL 33139</b>
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KRAMER, THOMAS</b>		1.2 NAME	
STREET ADDRESS <b>448 COLLINS AVENUE</b>		1.3 STREET ADDRESS <b>One South Pointe Drive</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL</b>		1.4 CITY-ST-ZIP <b>Miami Beach FL 33139</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HANAU, H</b>		2.2 NAME	
STREET ADDRESS <b>448 COLLINS AVENUE</b>		2.3 STREET ADDRESS <b>One South Pointe Drive</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL</b>		2.4 CITY-ST-ZIP <b>Miami Beach FL 33139</b>	
TITLE <b>VS</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NEE, M</b>		3.2 NAME	
STREET ADDRESS <b>448 COLLINS AVENUE</b>		3.3 STREET ADDRESS <b>One South Pointe Drive</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL</b>		3.4 CITY-ST-ZIP <b>Miami Beach FL 33139</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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\*\*\*165.00

*JB-24-97*

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: *Margaret Nee* **Margaret Nee, VP** 2/19/97 305-532-2519  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)