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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600033423 (0)

PR YACHTS, USA, INC.

|] | | | | | | | |
|--|--|--|--------------------------------|--|--|-------------------------------------|----------------------------|
| Principal Place of Business Mailing Address | | | · | | | ALEO HAN ENDIA HADA | 4 |
| 551 SOUTH MI WEST PALM B | ilitary trail Each Fl 33415 | 551 SOUTH MILITARY TR/ WEST PALM BEACH FL 3: | | | | | |
| | | | | | 3. Date Incorporated or Qualified 3a. 04/16/1996 | Date of Last Re | eport |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | Ap | plied For |
| 21 26 | | | | | 65-0562278 | No | t Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, 27 | | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| . City & Stat | 6 | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 Added t | ., | |
| Zip Country | | Zip | Zip Country | | 8. This corporation has liability for intangi | | 199.032, |
| 24 | 25] | 29 | 30 | | Florida Statutes Yes | | |
| | 9. Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Register | ed Agent | |
| THO | DMPSON, DOUGLAS E | | 81 | Name | | | |
| GO O MICHAGO TOUL | | | | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| WEST-7-114-051-01-1-01-15 | | | | 4524_ | GUN CLU3 ROAD | | |
| | | | 83 | SUITE | 101 | | |
| 1 | | | 84 | City | | . 85 Zip (| Code 3415 |
| | | | | | | | |
| 11. Pursuant | to the provisions of Sections 607.050; egistered agent, or both, in the State | 2 and 607.1508, Florida Statut of Florida. Such change was: | es, the above authorized by | :riamed corp the corporati | oration submits this statement for the purposion's board of directors. I bereby accept the s | e of changing its appointment as | s registered registered |
| agent. I a | m familiar with and adopt the obliga | | | | ion's board of directors. I hereby accept the | | 3,0 |
| SIGNATURE | _ 825 | | | E. THOM | | 23/97 | |
| 12, | Signature, typed or printed name of registered age OFFICERS AND | | 13. | of eignature require | ed when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A | | C IN 12 |
| TITLE | D) | DELETE 1. | | | ADDITIONS/CHANGES TO GITTOERS A | Change | Addition |
| NAME | DAVIS, DON | | 1.2 NAME | | | | |
| STREET ADDRESS | 551 SOUTH MILITARY TRAIL | | 1.3 STREET | ADDRESS | | | i |
| CITY-ST-ZIP WEST PALM BEACH FL 33415 | | | 1.4 City-St-ZiP | | | | |
| TITLE | D | DELETE | 2.1 TITLE | 1-20 | | Change | Addition |
| NAME | STALUPPI, JOHN | | 2.2 NAME | | | - • | _) |
| STREET ADDRESS | 551 SOUTH MILITARY TRAIL | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33415 | ; | 2. 4 CITY - S | 1 | | | |
| TITLE | DPST DELETE | | 3.1 TITLE | | | ☐ Change | Addition |
| NAME | RALPH, KEVIN | 3 | | | | | |
| STREET ADDRESS | ESS 551 SOUTH MILITARY TRAIL | | 33 STREET | ADDRESS | | | Ì |
| CITY-ST-ZIP | WEST PALM BEACH FL 33415 | j | 3.4. D(TY-5 | ST-ZIP | | | |
| TITLE | | DELETE | 4 1 TITLE | | | ☐ Change | Addition |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | T-ZIP | | | |
| TITLE | | DELETE | 5.1 TITLE | | | ☐ Change | Addition |
| NAME | | | 5.2 NAME | | | | Ì |
| STREET ADDRESS | | | 5.8 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY - S | 1 - ZIP | | | _ |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | Change | Addition |
| NAME | £ | | 6.2 NAME | } | | | |
| STREET ADDRESS | | | 6.3 STREFT | ADDRESS | | | |

6.4 CHY-ST-ZIP

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

John Staluppi