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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000044839 (4)

YACHT CHARTERS INTERNATIONAL CORP.

Principal Place of Business

Mailing Address

FARA LA COROE DINE

FILED Jun 06 1997 8:00am Secretary of State



MIAMI BEACH I		MIAMI BEACH FL 33140-2106				
				3. Date Incorporated or Qualified 04/24/1996	3a. Date of Last Report	
		2a. Mailing Address		4. FEI Number	Applied For	
		6 1717 NOS	ayshoveD	N. 65-0661785	Not Applicat	
Sulte, Apt.	riott Marina 2	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State 8 Miami F	² ر	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Dade	8. This corporation has liability for		i
24 331	9. Name and Address of Current Re	9 33 / 32 30	June	Florida Statutes 10. Name and Address of New Re	Yes No	\dashv
MAD	DOEN, PAUL M	gistered Agent	81 Name f	in the state of th	giotorea rigent	\neg
	LA GORCE DRIVE			tau M Madach		
	MI BEACH FL 33139		82 Street A	Address (P.O. Box Number is Not Acceptat) (e)	
in a	III DE TOTT L'OUTE		83 17	17 No Bayshove D	x #1944	
			84 City N	riami	FL 85 Zip Code 3,3132	
11. Pursuant i office or ri agent. I a	to the provisions of Sections 607.0502 an egistered agent, or both in the State of F im lamiliar with and access to a believe by	d 607.1508, Florida Statutes, lorida. Such change was auti s of, Spetion 607.0505, Florid	the about pomed	corporation submits this statement for the poration's board of directors. I hereby acce	ournose of changing its register	rad
SIGNATURE	Signature, typed or prished name of registered agent and		ogislared Agent signature r	9/	a g	
12.	OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELETE	1,1 TITLE		L Change Addit	ition
NAME	MADDEN, PAUL M -6999-LA-GORCE DRIVE (7) (7)	No Rouchage No	1.2 NAME			
STREET ADDRESS		ILI	1.3 STHEET ADDRESS			1
CITY-ST-ZIP		FL DELETE	1.4 CiTY-ST-ZIP		Change Addit	ition
TITLE			2.1 TITLE		C cularige C Admi	"""
NAME	}	33132	22 NAME			- 1
STREET ADDRESS			2.3 STREET ADDRESS			1
CITY-ST-ZIP TITLE		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addi	ition
NAME			3.2 NAME			ł
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addit	ition
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	•		4.4 CITY - ST - ZIP			
TITLE		☐ DELETÉ	5.1 TITLE		Change Addi	ition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE1 ADDRESS			
CITY-ST-ZIP			5 4 CITY-ST-ZIP			
TITLE	}	☐ DELETE	61 TITLE		Change Addi	ition
NAME	1		6 2 NAME	1		
STREET ADDRESS			6 3 STREET ADDRESS			- 1
CITY-ST-ZIP			64 CITY-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 or changes, or en in attachment, with an address.