

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

FILED

97 JUN 26 AM 6:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000051667 (9)**

1. Corporation Name
OLD CONCH HARBOUR, INC.

Principal Place of Business
**90311 OVERSEAS HWY., STE. B
TAVERNIER FL 33070**

Mailing Address
**90311 OVERSEAS HWY., STE. B
TAVERNIER FL 33070-2445**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 06/14/1996	3a. Date of Last Report
4. FEI Number 65-0758187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

9. Name and Address of Current Registered Agent JABRO, JOHN A 90311 OVERSEAS HWY., STE. B TAVERNIER FL 33070	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 607.1808, 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 607.05, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	President
STREET ADDRESS	Jose D. Portela
CITY-ST-ZIP	90311 Overseas Hwy., Ste B Tavernier, Florida 33070
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	700002227927-0
1.3 STREET ADDRESS	-07/01/97-01077-005
1.4 CITY-ST-ZIP	****165.00 ****165.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 if changed, or on an attachment with an address.

CR2E034 (9/96)

(2)

Steinberg & Associates

CERTIFIED PUBLIC ACCOUNTANTS

7900 RED ROAD / SUITE 26 / SOUTH MIAMI, FLORIDA 33143
TELEPHONE (305) 862-2585 / FACSIMILE (305) 866-7099

June 23, 1997

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

**RE: OLD CONCH HARBOUR, INC.
REFERENCE NO. P96000051667**

Dear Sir or Madame:

Enclosed please find 1997 Profit Corporation Annual Report for Old Conch Harbour, Inc. along with check number 1446 in the amount of \$165.00. Also enclosed is a copy of the Employer Identification Assignment that was just received from the Internal Revenue Service.

Please note that on May 28, 1997 I received a call from Trevor Brumbley from your office in response to my previous letter of May 20, 1997. In my letter I explained that taxpayer would be unable to return the Annual Report providing its Employer Identification Number by the date indicated in your letter of April 22, 1997, because we were having a lot of difficulty in obtaining the FEIN from the IRS for this corporation. Trevor instructed me to send in the Annual Report immediately upon receipt of the FEIN along with a letter of explanation so that taxpayer would not be subject to the late filing penalty since the return was originally timely filed.

Please do not hesitate to contact the undersigned should you have any questions or should you need any additional information regarding this matter.

Very truly yours,



Leonor Portela
LP:yo
Enclosures

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JUN-23-1997 09:24

JOHN A. JABRO, ESQ.

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

DATE OF THIS NOTICE: JUN 23 1997
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 65-0758187
FORM: SS-4
0716823390 B

JUN 19 1997

FOR ASSISTANCE CALL US AT:
1-800-829-1040

OLD CONCH HARBOUR INC
90311 OVERSEAS HWY STE B
TAVERNIER FL 33070

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 65-0758187. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within five to six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 1120

06/10/97

If the due date has passed please complete the form and send it to us by 06-30-97. If we don't receive the form by that date additional penalties and interest will be charged. If you weren't in business or didn't hire employees for the tax period shown, please file the form showing that you have no liability.

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have any questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

Thank you for your cooperation.