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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000084517 (7)

EXCELLENCE YACHTING, INC.

Principal Place of Business Mailing Address 3950 NORTHWEST 26TH STREET

3950 NORTHWEST 26TH STREET

FILED Mar 03 1997 8:00am Secretary of State



MIAMI PL 33	142	MIMMI FL 33142-0720				İ			
						3. Date Incorporated or Qualified 10/14/1996	3a. Date of	Last Rep	ort
2. Principal Place of Business 2a, Mailing Address						4. FEI Number		- App	lied For
21 26						65.0651257		Not A	Applicable
Suite, Apt. #, etc Suite. Apt. #, etc.							☐ \$8	3.75 Ad	Iditional
27						5. Certificate of Status Desired		Fee Req	uired
City & State City & State						6. Election Campaign Financing		5.00 ⋈	
23		28				Trust Fund Contribution	ا راا	Added to	Fees
Zφ	Country	Zip		untry	f	8. This corporation has liability for in			99.032.
24	[25]	29	30	T			Yes No		***************************************
	9, Name and Address of Curr	ent Registered Agent		04	I 110	10. Name and Address of New Rec	gistered Agen	<u>. </u>	
SINGER, BERNARD A					81 Name				
	00 SHERIDAN STREET			82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
SUITE B				Ĺ					
HO	LLYWOOD FL 33021			83					
•				84	City		85	Zip Co	ode
				"	City		FL °°	2,000	AG.
agent. I SIGNATURE	am familiar with, and accept the ob	ligations of, Section 607.0505,	Florida Sta	lutes	S.	ion's board of directors. I hereby accep			
<u> </u>	Signature, typed or portuo can e of registered			d Age	ent a gnature requir	ed when reinstating)	DATE.		
12.	OFFICERS A	AND DIRECTORS DELETE	13.		T	ADDITIONS/CHANGES TO OFFIC			IN 12 Addition
TILLE	MITRI, RAYMOND	☐ Dtreit	1.1 1			1	L. (пануе	MOUITION
NAME	AND MODILINECT OFFILES	DEET	1.2 N						
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,	NECI	1		ADORESS				
CITY-ST-ZIP	MIAMI FL 33142	- Notice			ST-ZIP	,			
TITLE	SD VATABLE	DELETE	. 2.1 7				L) (Change	Addition
NAME.	CASTILLO, YAZMIN	DECT	22 N	IAME					
STREET ADDRESS		אבכו	2.3 S	TREET	ADDRESS				
CHY S1-70P	MIAMI FL 33142			• • • • • • • • • • • • • • • • • • • •	ST-ZIP				TT
THUE		☐ DELETE	317	ITLE			LJ (Change	Addition
NW!			3.2 N						
STREET ADDRESS	Si l				T ADDRESS				
CHTY-ST-ZIP					ST-ZIP				1 1 1 1 2 2 2
TITLE		☐ DELETE	4.1 7				□(Change	Addition Addition
NAM!			4.21	NAME					
STREET ADDRESS	s		43S	TREET	I ADDRESS				
CHTM - S1 - ZIF1	1		4.4 0	HY-S	ST - ZIP				·
THLE		☐ DEFELE	5.1 T	ITLE				Change	Addition
NAME			5.2 N	AME					
STREET ADORES	s		5.3 S	TREET	r address				
CDY+\$1+Z0°			5.4 0	HTY-S	ST - ZIP				
THE		DELETE	6.1 T	TLE				Change	Addition
NAME			6.2 N	IAME					
STREET ADORES	s		638	TREET	T ADDRESS				
GITY - ST - 20°			6.4 0	OTY-S	ST-ZIP				
C 44 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Card with the Cities also make an	-14 4-4 4-4			d in Continu \$50.07(2)(i) Elected Statute	- 16	I . shoet st	

I do hereby certify that the information supplied with this filling 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 chapter, or an attachment with an address. orden an attachment with an address. appears in Block 12 or Block 13 if

AUMBED

02.10.97 305-526000