

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00****FILED****Apr 29 1997 8:00am**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                      |
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| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                   | <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Montague<br>Secretary of State<br>DIVISION OF CORPORATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                      |
| <b>DOCUMENT # P96000085329</b><br>1. Corporation Name<br>Underwater Crack Masters, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                      |
| Principal Place of Business<br>1800 N.E. 151 Street<br>North Miami, FL 33162                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                   | Mailing Address<br>1800 N.E. 151 Street<br>North Miami, FL 33162                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                      |
| 2. Principal Place of Business<br>21 State, Apt. #, etc.<br>City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                   | 3. Date incorporated or Qualified<br>10/16/96<br>4. EIN Number<br>65-0700910<br>5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>7. This corporation has liability for uncollectible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                         |                                                                                                                      |
| 8. Name and Address of Current Registered Agent<br>Matt D. Goldman<br>1450 Madruga Avenue<br>Suite 203<br>Coral Gables, Florida 33146                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                   | 9. Name and Address of New Registered Agent<br>91 Name<br>92 Street Address (P.O. Box Number is Not Acceptable)<br>93<br>94 City FL 95 Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                      |
| 10. Pursuant to the provisions of Sections 807.0902 and 807.1808, 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 responsibility as registered agent, I am familiar with, and accept the obligations of, Section 807.0805, Florida Statutes.                                                                                                                                                                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                      |
| SIGNATURE: _____ (Signature of Registered Agent or Officer)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                      |
| <b>12. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                   | <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      |
| 12.1 NAME<br>12.2 STREET ADDRESS<br>12.3 CITY, ST, ZIP<br>12.4 TITLE<br>12.5 NAME<br>12.6 STREET ADDRESS<br>12.7 CITY, ST, ZIP<br>12.8 TITLE<br>12.9 NAME<br>12.10 STREET ADDRESS<br>12.11 CITY, ST, ZIP<br>12.12 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                     | PD <input type="checkbox"/> DELETE<br>Daniel Essig<br>1800 NE 151 Street<br>North Miami, FL 33162 <input type="checkbox"/> DELETE | 13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>13.2 NAME<br>13.3 STREET ADDRESS<br>13.4 CITY, ST, ZIP<br>13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>13.6 NAME<br>13.7 STREET ADDRESS<br>13.8 CITY, ST, ZIP<br>13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>13.10 NAME<br>13.11 STREET ADDRESS<br>13.12 CITY, ST, ZIP<br>13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>13.14 NAME<br>13.15 STREET ADDRESS<br>13.16 CITY, ST, ZIP<br>13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>13.18 NAME<br>13.19 STREET ADDRESS<br>13.20 CITY, ST, ZIP<br>13.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | 400002162874 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>-05/02/97--01001--050<br>***173.75 |
| 14. I, as hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 807.0902(1), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as I made (I shall certify that I am an officer or director of the corporation or the receiver or trustee empowered to prepare this report as required by Chapter 807, Florida Statutes, and that my name appears in block 12 of block 13 of this report, or as an endorsement with an address. |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                      |
| SIGNATURE: _____<br>Daniel Essig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   | 4-23-97 (305) 949-0000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                      |