SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # parana (5)

1. Corporatio	YACHTS OF AMERICA, INC.	102249 (0)			1811 8818 (1818 11811 838) 8 (811 348)
Principal Plac	ce of Business	Mailing Address		s to deliber him this aren't delie delie mener in	init Mitte tinin erner athis thit inn.
10 FAIRWAY D	PRIVE	10 FAIRWAY DRIVE			
		SUITE 128	14	DO NOT WRITE IN T	LIO BOACE
DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 334			1	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				12/19/1996	1
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	RWAY DRIVE	26 10 FAIRWA	1 Dizive	65-0726652	Not Applicable
Sulte, Apl.	#. etc.	Suite, Apt. # etc.			\$8.75 Additional
22 601	te 131	27 Suite 17	31	5. Certificate of Status Desired	Fee Required
City & Stal		City & State	LD BEACL	6. Election Campaign Financing	\$5.00 May Be
23 Dec	refield Beach Country	Zip	Country	Trust Fund Contribution	Added to Fees
24 3344			30 USA	 This corporation owes or has paid the Personal Property Tax due June 30. 	Yes No
-71	9. Name and Address of Current		**,	10. Name and Address of New Register	
FER	NANDEZ, EDUARDO		81 Name		
FAL PRIOVELL VEY DRIVE				Iress (P.O. Box Number is Not Acceptable)	
SUITE 400			02 311001 Aud	iress (F.O. Box Number is Not Acceptable)	
MIAMI FL 33131			83		
			84 City		85 Zip Code
44 Durana	the the provisions of audience COZ 0502	and COT 4500. Florida Statuta	the object comed com		
office or	registered agent, or both, in the State of	of Florida. Such change was a	the above-named corporat	oration submits this statement for the purpose o ion's board of directors. I hereby accept the ap	pointment as registered
agent. I	am familiar with, and accept the obligat	ions of, section 607.0505, Flor	ida Statutes.	• • •	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NO)	TE: Registered Agent signature reg	puired when reinstaling) DAT	E
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	SD	DELETE	1.1 TITLE		Change Addition
NAME	CHRISTIANSEN, MARCIO L		1.2 NAME		
STREET ADDRESS	10 FAIRWAY DRIVE, SUITE 128		1.3 STREET ADDRESS		
CITY-\$T-ZIP	DEERFIELD BEACH FL 33441		1.4 CITY-ST-ZIP		
TITLE	VD_	DELETE	2.1 TITLE		Change Addition
NAME	Barberi, Eduardo H		2.2 NAME		1
STREET ADDRESS	10 FAIRWAY DRIVE, SUITE 128		23 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		2.4 CITY-ST-ZIP	······································	
TITLE	PD	DELETE	3.1 TITLE		Change Addition
NAME	MARIA CECELIA CHRISTIANSEN	I RAKREKI	3.2 NAME		}
STREET ADDRESS	10 FAIRWAY DRIVE, SUITE 128		3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		3.4 CITY-ST-ZiP		-
TITLE		DELETE	4.1 TITLE		Change Addition
NAME	}		4.2 NAME		1
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		[7]	4.4 CITY-ST-2IP 5.1 TITLE		
TITLE		L DELETE	5.2 NAME		Change Addition
NAME OTDEST ADDRESS					
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-\$1-ZIP		Пън	5.4 CITY-ST-ZIP 6.1 TITLE		
TITLE		DELETE	6.2 NAME		Change Addition
NAME	ľ		E U.Z INAMIC		Į.

14. I 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

+ EDUAGOD H. BARberi

09/15/98 (50) 9790253

FILED

Oct 01 1998 8:00am

Secretary of State