2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 01, 2001 8:00 am Secretary of State DOCUMENT # P97000019404 1. Eptity Name YACHTS INTERNATIONAL INC. 02-01-2001 90054 016 ***150.00 Principal Place of Business Mailing Address 2385 PGA BLVD. #B 2385 PGA BLVD. #B PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address 14078 PORT CIRCLE 14078 PORT CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-078 1625 GARDENS alm Beach Gardens. Not Applicable Zip 33**4**10 Country Country \$8.75 Additional 5. Certificate of Status Desired 33410 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMANTE, VALERIE Street Address (P.O. Box Number is Not Acceptable) 2385-B PGA BLVD. PALM BEACH GARDENS FL 33410 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD ☐ Delete TITLE AMANTE, VALERIE NAME 2358-B PGA BLVD. STREET ADDRESS

11. TITLE NAME 14078 PORT CIRCLE Palm Beach Gardens, FL STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition DRINKWATER, JOHN J. NAME NAME 14078 PORT CIRCLE Palm Beach Gardens, FL 2358-B PGA BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VALERIE AMANTE

Jan. 25, 2001

561-625-0244

Daytime Phone #