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FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000027119 (1)

1. Corporation Name

CCC AMEROPA LEISURETIME INDUSTRIES, INC.



Principal Place of Business

147 ALHAMBRA CIRCLE
SUITE 100
CORAL GABLES FL 33134

Mailing Address

147 ALHAMBRA CIRCLE
SUITE 100
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1997

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 601 Brickell Key Dr

2a. Mailing Address

26 Same

Suite, Apt. #, etc

22 #506

City & State

23 Miami FL

Zip

24 33131

Country

25 USA

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOW ROAD
TALLAHASSEE FL 32303-8843

10. Name and Address of New Registered Agent

81 Name Win Yerkes

82 Street Address (P.O. Box Number is Not Acceptable)

83 501 Brickell Key Dr. #506

84

City Miami

FL

85

Zip Code 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/98

12. OFFICERS AND DIRECTORS

TITLE D YERKES, WIN ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
147 ALHAMBRA CIRCLE SUITE 100
CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D. ☐ Change ☒ Addition

1.2 NAME Peter E. Soile

1.3 STREET ADDRESS 501 Brickell Key Drive #506

1.4 CITY-ST-ZIP Miami FL 33131

2.1 TITLE CFO, D. ☐ Change ☒ Addition

2.2 NAME Dr. Ann Weaver

2.3 STREET ADDRESS 501 Brickell Key Drive #506

2.4 CITY-ST-ZIP Miami FL 33131

3.1 TITLE VP, Sec. ☐ Change ☒ Addition

3.2 NAME Win Yerkes

3.3 STREET ADDRESS 501 Brickell Key Drive #506

3.4 CITY-ST-ZIP Miami FL 33131

4.1 TITLE COO, SUP ☐ Change ☒ Addition

4.2 NAME H.P. Hegelin

4.3 STREET ADDRESS 501 Brickell Key Drive #506

4.4 CITY-ST-ZIP Miami FL 33131

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Signature

4/1/98

305-379-0034

CR2E034 (10/97)