

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).

FILED  
 Aug 19 1998 8:00am  
 Secretary of State

0059642

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000091381 (8)  
 1. Corporation Name  
 AHOY, INC.

Principal Place of Business: 985 N.W. 132 COURT MIAMI FL 33182-2243  
 Mailing Address: 985 N.W. 132 COURT MIAMI FL 33182-2243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date incorporated or Qualified: 10/23/1997  
 4. FEI Number: 65-0826482 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

9. Name and Address of Current Registered Agent  
 LEVINE, MARK A  
 2000 S DIXIE HIGHWAY  
 SUITE 102  
 MIAMI FL 33133

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 obligations of, section 607.0505, Florida Statute.

SIGNATURE \_\_\_\_\_ (NOTE: Registered agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                       |
|----------------------------|---------------------------------|---|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ALEMANY, JUANA                  | 1.2 NAME  |
| STREET ADDRESS             | 985 N.W. 132 COURT              | 1.3 STREET ADDRESS  |
| CITY-ST-ZIP                | MIAMI FL 33182-2243             | 1.4 CITY-STATE  |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME  |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS  |
| CITY-ST-ZIP                |                                 | 2.4 CITY-STATE  |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 3.2 NAME  |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS  |
| CITY-ST-ZIP                |                                 | 3.4 CITY-STATE  |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 4.2 NAME  |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS  |
| CITY-ST-ZIP                |                                 | 4.4 CITY-STATE  |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 5.2 NAME  |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS  |
| CITY-ST-ZIP                |                                 | 5.4 CITY-STATE  |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 6.2 NAME  |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS  |
| CITY-ST-ZIP                |                                 | 6.4 CITY-STATE  |

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and 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: X \_\_\_\_\_ SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 M. Alemany 08/13/98 (305) 790-9868

CR2E034 (5/98)