CR2E034 (11/98)

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION **Katherine Harris** ANNUAL REPORT Secretary of State 06-01-1999 90040 006 ***150.00 1999 DIVISION OF CORPORATIONS DOCUMENT # P98000028588 1. Corporation Name

FILED Jun 01, 1999 8:00 am Secretary of State

BARRAC	uda yachts, inc.				
Principal Place	e of Business	Mailing Address		1 (96)(93) (in 1810) (and 186)) as in as in as in	i himbi i Aidi Aishi i Bias iasi sebi
231 S.W. 21ST	TERRACE	231 S.W. 21ST TERRACE			
FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
				03/26/1998	}
2 Dringing D	face of Business	2a. Mailing Address		4. FEI Number	Applied For
	ace of Business	26 3931 S. V. 4	TILMIF	65-0824211	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	TINUL		\$8.75 Additional
22		27 JTE 106	- ~	5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		Zip Zip	BALE, FL	Trust Fund Contribution	Added to Fees
Zip	Country			8. This corporation owes the current year in	
24	25		10 USA	Personal Property Tax.	Yes XNo
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	I Agent
			81 Name		1
HAAS, OLAF			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
1108 CITRUS ISLE					
F1. 1	AUDERDALE FL 33315		83		1
ļ			84 City		85 Zip Code
				FI	
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose clion's board of directors. I hereby accept the appo	of changing its registered
office of r	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statutes.	origination directors. Thoropy desert the app.	
SIGNATURE					
SIGNATORE	Signature, typed or printed name of registered agen	<u> </u>	Registered Agent signature require		ND DIDECTORS IN 12
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE		☐ DELETE	1.1 TITLE	ERALD JAMBRU	Change
NAME					
STREET ADDRESS			1.3 STREET ADDRESS	30. J. V. 11 CT	, ,
CITY-ST-ZIP		- O NOI ETE	1.4 CITY-ST-ZIP	LAUDER OALE, TL 3331	Change Addition
TITLE		☐ DELETE	2.1 TITLE	LAFHAAS	
NAME				OBCITRUS ISLE	
STREET ADDRESS	·	•	2.3 STREET ADDRESS	DECITALING	22 //~
CITY-ST-ZIP_		☐ DELETE	2.4 CITY-ST-ZIP 7.3.1 TITLE 3.4	I <u>LAUDERDALE, FL J.</u> IRECTOR MARKETIVE	☐ Change
TITLE		ריו מכרכור			
NAME				ILLIAM SPENCER	
STREET ADDRESS			3.3 STREET ADDRESS	GO9 BARCELONA BR T. LAUDERBALE, FL 3.	201
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	I. CAUOFROACE, FRESS	Change Addition
TITLE		□ pricit			
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE	<u> </u>		5.2 NAME		
NAME			53 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change Addition
TITLE		ر مددرد	62 NAME		_ , _
NAME	!		6.3 STREET ADDRESS		ļ
STREET ADDRESS			6.4 CITY-ST-ZIP		
CITY-ST-ZIP			= 0.9 OFFI all ZII		

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 suppliemental 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 of 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, by or an attachment with an address, with all other like empowered.

SIGNATURE:

04-30-99

954-327-9818