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Apr 16, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000040633					
1. Corporation Name NAUTIC AND CO. AMERICA, INC.					
Principal Place of Business PO BOX 227 KEY WEST FL 33041-0000			Mailing Address PO BOX 227 KEY WEST FL 33041-0000		
2. Principal Place of Business					
2a. Mailing Address			3. Date Incorporated or Qualified 05/05/1998		
Suite, Apt. #, etc.			4. FEI Number 65-0833-49-1		
22. City & State FORT LAUDERDALE FL			27. City & State FORT LAUDERDALE FL		
23. Zip 33312			29. Zip 33312		
24. Country			30. Country		
9. Name and Address of Current Registered Agent ALISON L. GOODMAN, P.A. 255 ALHAMBRA CIRCLE SUITE 610 CORAL GABLES FL 33134			10. Name and Address of New Registered Agent		
81. Name ERIC HENETRIER			82. Street Address (P.O. Box Number is Not Acceptable) 1544 ARGYLE BL		
83. City FORT LAUDERDALE FL			85. Zip Code 33312		
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 obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE <i>[Signature]</i> DATE 04.24.99					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE PD 1.2 NAME ERIC HENETRIER 1.3 STREET ADDRESS 1544 ARGYLE BL 1.4 CITY-ST-ZIP FORT LAUDERDALE FL 33312					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/99

5238531

Date

Daytime Phone #

CR2E034 (1/1/98)