

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

03-01-1999 90113 050 \*\*\*150.00

DOCUMENT # P98000072267

1. Corporation Name

TSH BOATWORKS & SALES, INC.



Principal Place of Business  
3300 N.E. 192 ST.,STE.1101  
AVENTURA FL 33180

Mailing Address  
3300 N.E. 192 ST.,STE.1101  
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1998

4. FEI Number

65-0872287

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2609 NE 189<sup>th</sup> STREET

Suite, Apt. #, etc.

22 City & State

23 NORTH MIAMI BEACH FL

24 33180 25 USA

2a. Mailing Address

26 2609 NE 189<sup>th</sup> STREET

Suite, Apt. #, etc.

27 City & State

28 NORTH MIAMI BEACH FL

29 33180 30 USA

9. Name and Address of Current Registered Agent

FRIED, MARK E P.A.  
1110 BRICKELL AVE,STE.700  
MIAMI FL 33131

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 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HUGUENIN, THIERRY S  
STREET ADDRESS 3300 N.E. 192 ST.,STE.1101  
CITY-ST-ZIP AVENTURA FL 33180

TITLE D ☐ DELETE

NAME HUGUENIN, BEATRICE C  
STREET ADDRESS 3300 N.E. 192 ST.,STE.1101  
CITY-ST-ZIP AVENTURA FL 33180

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 HUGUENIN THIERRY S.  
1.3 STREET ADDRESS 19656 E. COUNTRY CLUB DRIVE  
1.4 CITY-ST-ZIP AVENTURA FL 33180

2.1 TITLE T/S/D ☒ Change ☐ Addition

2.2 NAME HUGUENIN BEATRICE C.  
2.3 STREET ADDRESS 19656 E. COUNTRY CLUB DRIVE  
2.4 CITY-ST-ZIP AVENTURA FL 33180

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

BEATRICE C. HUGUENIN

02.01.99

305.792.7577

CR2E034 (11/98)