


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90135 002 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000085229

1. Corporation Name

LITTLE RIVER YACHT REPAIR, INC.

Principal Place of Business

820 NE 79 STREET
MIAMI FL 33138

Mailing Address

820 NE 79 STREET
MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/29/1998

4. FEI Number

65-0892725

Applied For

No: Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DAMAS, ELSA D F
820 NE 79 STREET
MIAMI FL 33138

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

(NOT Registered Agent signature required when reinstating)

DATE

5/20/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETENAME: DAMAS, ELSA D
STREET ADDRESS: 820 NE 79 STREET
CITY-ST-ZIP: MIAMI FL 331381.1 TITLE ☐ Change ☐ Addition1.2 NAME ☐ DELETESTREET ADDRESS:
CITY-ST-ZIP:1.2 NAME ☐ Change ☐ Addition1.3 STREET ADDRESS ☐ DELETE

CITY-ST-ZIP:

1.3 STREET ADDRESS ☐ Change ☐ Addition1.4 CITY-ST-ZIP ☐ DELETE

CITY-ST-ZIP:

1.4 CITY-ST-ZIP ☐ Change ☐ Addition1.5 TITLE ☐ DELETENAME:
STREET ADDRESS:
CITY-ST-ZIP:1.5 TITLE ☐ Change ☐ Addition1.6 NAME ☐ DELETESTREET ADDRESS:
CITY-ST-ZIP:1.6 NAME ☐ Change ☐ Addition1.7 STREET ADDRESS ☐ DELETE

CITY-ST-ZIP:

1.7 STREET ADDRESS ☐ Change ☐ Addition1.8 CITY-ST-ZIP ☐ DELETE

CITY-ST-ZIP:

1.8 CITY-ST-ZIP ☐ Change ☐ Addition1.9 TITLE ☐ DELETENAME:
STREET ADDRESS:
CITY-ST-ZIP:1.9 TITLE ☐ Change ☐ Addition1.10 NAME ☐ DELETESTREET ADDRESS:
CITY-ST-ZIP:1.10 NAME ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (OR DIRECTOR)

Date

Telephone #

CR2E034 (1/98)