## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (1)S15194 **DOCUMENT #** Corporation Name TIFFANY YACHT, INC. Mailing Address Principal Place of Business 2742 BISC BLVD 2742 BISC BLVD MIAMI FL 33137 MIAMI FL 33137 d or Qualified 3. Date incorporated of 11/26/1990 04/24/1995 Applied For 2a. Mailing Address 2. Principal Place of Business 65-0231625 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Suite Apt #, etc 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s 199.032. Florida Statutes X Yes No 23 Country Country Zio Zφ 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) MATZ, ISAAC, CPA 82 2742 BISC BLVD 83 **MIAMI FL 33137** Zip Code 85 64 City 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. DATE (NOTe: Registered Agent separation required when receivability SIGNATURE Signature, typed or printed many of registerest agost a vilit to that to white ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition 12. DELETE 1 1 Till. F TITLE ESCOBAR, EDRIE FUNKE 1.2 NAME NAME 2742 BIS BLVD 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 14 CITY - ST-ZIP Addition Change CITY-ST-ZIP DELETE 2 1 THILE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CiTY - S1 - 7IP Addition Change CITY - ST-ZIP DELETE 3 1 1111.6 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY - ST-ZIP Change nc tibbA [ CITY-SI-ZIP [] DELETE 4.1 11113 TITLE 4.2 NAMÉ NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 Cith - ST-7IP Addition CITY-ST-ZIP ☐ Change DELETE 5 1 THE THEF 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST 7/P Addition CITY-S1-ZIP ☐ Change 6 1 TITLE DELETE THILE 6.2 NAMS NAME 6.3 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

appears in Block 12 or Block 13 if changed

STREET ADDRESS

NING OFFICER OR DIRECTOR

on an attachment with an address

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 agrees in Placet 13 or Placet April 26, 1996

CR2E034 (12/95)