

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PH 1:24

DOCUMENT # S57329 (2)

1. Corporation Name

SCUBA PUBLICATIONS, INC.

Principal Place of Business

3940 N.E. 168 STREET
NORTH MIAMI BEACH FL 33160

Mailing Address

3940 N.E. 168 STREET
NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/03/1991	3a. Date of Last Report 02/02/1994
4. FEI Number 65-0265132	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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	25. State Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	30. Country

9. Name and Address of Current Registered Agent

RASCO, EDUARDO I.
1031 N. MIAMI BEACH BLVD.
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	

11. Pursuant to the provisions of Sections 607 (0502) and 607 (1506), 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 (0506), Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent or Registered Agent Company)

(Signature of New Registered Agent or Registered Agent Company)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PD AUERBACH, JOEL	NAME	☐ Change ☐ Addition
STREET ADDRESS	3940 NE 168 ST	NAME	
CITY	N MIAMI BCH FL	STREET ADDRESS	
STATE		CITY	☐ Change ☐ Addition
ZIP		STATE	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	
ZIP		ZIP	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	
ZIP		ZIP	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	
ZIP		ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Sections 199.032 and 199.032, Florida Statutes. I further certify that the information included on this filing request 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 this corporation or the person or persons empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on this report as such officer, director, or person or persons authorized to execute.

SIGNATURE:

Joel Auerbach

JOEL AUERBACH

1-9-95 305 944 9055

PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR