FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S68273** **(9)**

1. Corporation Name

VACATION SAILING ADVENTURES, INC.

Principal Place of Business	Mailing Address
1135 NE 181ST ST N MIAMI BEACH FL 33162	1135 NE 181ST ST N MIAMI BEACH FL 33162

3. Date Incorporated or Qualified: 07/22/1991

3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0276367 ☐ 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 had gift for intangible tax under s. 199.032, Florida Statutes (X) Yes ( ) No YES

2. Principal Place of Business	2a. Mailing Address
21 1135 NE 181ST ST.	26 1135 NE 181ST ST.
22 Suite, Apt. #, etc. —	27 Suite, Apt. #, etc —
23 City & State: N. MIAMI BEACH, FL	28 City & State: N MIAMI BEACH, FL.
24 Zip: 33162 25 Country: USA	29 Zip: 33162 30 Country: USA

9. Name and Address of Current Registered Agent

MJF REGISTERED AGENT CORP
153 SEVILLA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 N/A

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: Anne Gunn Tejera ANNE GUNN TEJERA 5/27/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TEJERA, FRANK		1.2 NAME	
STREET ADDRESS	1135 NE 181 STR		1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TEJERA, ANNE G		2.2 NAME	
STREET ADDRESS	1135 NE 181 STR		2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: Anne Gunn Tejera ANNE GUNN TEJERA 5/27/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)