

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
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90061 037 ***150.00

DOCUMENT # **V14205**

Corporation Name
ORAL YACHTS INTERNATIONAL, INC.

Place of Business Mailing Address
15TH STREET 555 N.E. 15TH STREET
33132 #104
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
	26	02/13/1992	65-0330060	Not Applicable
Apt. #, etc.	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
State	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Country	29	8. This corporation owes the current year Intangible Personal Property Tax.	Yes No	
25	30			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BERTON, GERALD	81 Name
555 N.E. 15TH STREET, #104	82 Street Address (P.O. Box Number is Not Acceptable)
FL 33132	83
	84 City
	FL 85 Zip Code

I, the undersigned, being a resident qualified person, do hereby certify that the information furnished in this report is true and accurate to the best of my knowledge and belief, and that I am a director, officer, or shareholder 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 13 if changed, or on an attachment with an address, with all other like empowered.

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
P BERTON, GERALD 555 N.E. 15TH STREET, #104 MIAMI FL 33132	1.1 TITLE
	1.2 NAME
	1.3 STREET ADDRESS
	1.4 CITY-ST-ZIP
	2.1 TITLE
	2.2 NAME
	2.3 STREET ADDRESS
	2.4 CITY-ST-ZIP
	3.1 TITLE
	3.2 NAME
	3.3 STREET ADDRESS
	3.4 CITY-ST-ZIP
	4.1 TITLE
	4.2 NAME
	4.3 STREET ADDRESS
	4.4 CITY-ST-ZIP
	5.1 TITLE
	5.2 NAME
	5.3 STREET ADDRESS
	5.4 CITY-ST-ZIP
	6.1 TITLE
	6.2 NAME
	6.3 STREET ADDRESS
	6.4 CITY-ST-ZIP

I further certify that the information furnished in this report is true and accurate to the best of my knowledge and belief, and that I am a director, officer, or shareholder 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 13 if changed, or on an attachment with an address, with all other like empowered.

IDE: *[Signature]* 2/2/99 305-371-2628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)