

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V36546 (2)

1. Corporation Name

SCUBA CUBA, INC.



Principal Place of Business

3901 S. OCEAN DR. #7-L  
HOLLYWOOD FL 33019  
US

Mailing Address

3901 S. OCEAN DR. #7-L  
HOLLYWOOD FL 33019  
US

3. Date Incorporated or Qualified  
05/15/1992

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

2. Principal Place of Business  
21 444 BRICKELL AVE.

2a. Mailing Address  
26 444 BRICKELL AVE.

4. FEI Number  
65-0334841

Applied For  
Not Applicable

22 SUITE 51-333

27 SUITE 51-333

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Miami, FL

28 Miami, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33131 25 U.S.A.

29 33131 30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASERO, PILAR  
3901 S. OCEAN DR. #7-L  
HOLLYWOOD FL 33019

81 Name

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

444 BRICKELL AVE.

83 SUITE 51-333

84 City Miami, FL

85 Zip Code 33131

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT  
NAME CASERO, PILAR  
STREET ADDRESS 3901 S. OCEAN DR. #16G  
CITY-ST-ZIP HOLLYWOOD FL ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 444 BRICKELL AVE. #51-333  
1.4 CITY-ST-ZIP MIAMI, FL 33131

TITLE VS  
NAME GATTO, VINCENZO  
STREET ADDRESS 3901 S. OCEAN DR. #16G  
CITY-ST-ZIP HOLLYWOOD FL ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 444 BRICKELL AVE., #51-333  
2.4 CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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 no deletions.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 (305) 859-7329

CR2E034 (12/95)