


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90167 034 \*\*\*\*61.25

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|---|--|--|---|---|--|----|----------|
| <b>DOCUMENT # 731206</b>  |  |  |   |  |  |    |          |
| 1. Entity Name<br>DADE MARINE INSTITUTE, INC.   |  |  |   |   |  |    |          |
| Principal Place of Business<br>1820 ARTHUR LAMB JR. RD.<br>MIAMI, FL 33149  |  |  | Mailing Address<br>ASSOCIATED MARINE INSTITUTES<br>5915 BENJAMIN CENTER DR<br>TAMPA, FL 33634   |   |  |    |          |
| 2. Principal Place of Business  |  |  | 3. Mailing Address  |   |  |    |          |
| Suite, Apt. #, etc.   |  |  | Suite, Apt. #, etc.   |   |  |    |          |
| City & State  |  |  | City & State  |   |  |    |          |
| Zip   |  |  | Country   |   |  |    |          |
| City & State  |  |  | 4. FEI Number<br>59-1561549   |   | Applied For<br>Not Applicable  |    |          |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |  | \$8.75 Additional Fee Required  |   |  |    |          |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent   |   |  |    |          |
| HULL, DAVID J<br>225 WATER STREET, STE. 1800<br>JACKSONVILLE, FL 32202  |  |  | Name  |   |  |    |          |
|   |  |  | Street Address (P.O. Box Number is Not Acceptable)  |   |  |    |          |
|   |  |  | City  |   |  | FL | Zip Code |
|   |  |  | 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |   |  |    |          |
| SIGNATURE _____   |  |  | DATE _____  |   |  |    |          |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |  |  |   |   |  |    |          |
| Filing Fee is \$61.25<br>Due by May 1, 2005   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be Added to Fees   |  |    |          |
|   |  |  |   | Make check payable to Florida Department of State                                 |  |    |          |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |    |          |
| TITLE   | CD                                     | <input type="checkbox"/> Delete  | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |    |          |
| NAME  | DE ARMAS, MARIO <i>Luis Mario Luis</i> |  | NAME  | Eus Barreiro  |  |    |          |
| STREET ADDRESS  | 201 S BISCAYNE BLVD                    |  | STREET ADDRESS  | 1454 1st street, suite 100  |  |    |          |
| CITY-ST-ZIP   | MIAMI, FL 33131                        |  | CITY-ST-ZIP   | miami, FL 33137   |  |    |          |
| TITLE   | D                                      | <input type="checkbox"/> Delete  | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |    |          |
| NAME  | STANDER, OB                            |  | NAME  | Oli, COLSON   |  |    |          |
| STREET ADDRESS  | 5915 BENJAMIN CENTER DR                |  | STREET ADDRESS  | 777 Brickell Ave  |  |    |          |
| CITY-ST-ZIP   | TAMPA, FL 33634                        |  | CITY-ST-ZIP   | Miami, FL 33131   |  |    |          |
| TITLE   | D                                      | <input type="checkbox"/> Delete  | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |    |          |
| NAME  | BLOOMBERG, MITCH                       |  | NAME  | Alison McGehee  |  |    |          |
| STREET ADDRESS  | 2601 S BAYSHORE DR, STE 1600           |  | STREET ADDRESS  | 5200 Blue Lagoon Dr. Ste 110  |  |    |          |
| CITY-ST-ZIP   | MIAMI, FL 33133                        |  | CITY-ST-ZIP   | Miami, FL 33126   |  |    |          |
| TITLE   | D                                      | <input type="checkbox"/> Delete  | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |    |          |
| NAME  | NIEMEIER, MARLENE                      |  | NAME  | William Myers   |  |    |          |
| STREET ADDRESS  | 2665 S BAYSHORE DR #300                |  | STREET ADDRESS  | 1365 Alegriano  |  |    |          |
| CITY-ST-ZIP   | MIAMI, FL 33131                        |  | CITY-ST-ZIP   | Coral Gables, FL 33146  |  |    |          |
| TITLE   | CD                                     | <input type="checkbox"/> Delete  | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |    |          |
| NAME  | FABRICANT LORETT, LORETTA              |  | NAME  | Alfredo Pedrosa   |  |    |          |
| STREET ADDRESS  | 100 SE SECOND ST., #3910               |  | STREET ADDRESS  | 9000 NW 86th St.  |  |    |          |
| CITY-ST-ZIP   | MIAMI, FL 33131                        |  | CITY-ST-ZIP   | Miami, FL 33173   |  |    |          |
| TITLE   | STD                                    | <input type="checkbox"/> Delete  | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |    |          |
| NAME  | VALDEZ, JUAN                           |  | NAME  | Scott Perdigon  |  |    |          |
| STREET ADDRESS  | 2100 BISCAYNE BLVD                     |  | STREET ADDRESS  | 9100 S. Dadeland Blvd. one Datron Ctr.  |  |    |          |
| CITY-ST-ZIP   | MIAMI, FL 33137                        |  | CITY-ST-ZIP   | Ph-2-6461 1902 Miami FL   |  |    |          |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |   |   |  |    |          |
| SIGNATURE: <i>[Signature]</i>   |  |  | Date: 4/21/05   |   |  |    |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  | Daytime Phone #   |   |  |    |          |