

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

DOCUMENT # **J48987** (8)

95 JUN -9 AM 9:20

1. Corporation Name
MARINE-PRO, INC.

Principal Place of Business
**12590 N.E. 16TH AVE.
SUITE 305
NORTH MIAMI FL 33161**

Mailing Address
**12590 N.E. 16TH AVE.
SUITE 305
NORTH MIAMI FL 33161**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/29/1986** 3a. Date of Last Report **07/20/1994**

4. FEI Number **59-2730619** 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 by this statute under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 **13506 NE 23RD PL.** 2a. Mailing Address
26 **13506 NE 23RD PL**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State
23 **North Miami, FL** 27 City & State
28 **North Miami, FL**

24 Zip **33181** 25 County **Dade** 29 Zip **33181** 30 County **Dade**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AVERA, TROY G. JR.
12590 N.E. 16TH AVE.
SUITE 305
NORTH MIAMI FL 33161**

81 Name **TROY G. AVERA, JR.**
82 Street Address (P.O. Box Number is Not Acceptable)
13506 NE 23RD PLACE
83
84 City **North Miami, FL** 85 Zip Code **33181**

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]* **TROY G. AVERA, JR.** **5/22/95**
Signature (Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE DP	
NAME AVERA, TROY G. JR.	
STREET ADDRESS 12590 N.E. 16TH AVE., STE. 305	13506 NE 23RD PL
CITY - ST - ZIP NORTH MIAMI FL 33181	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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, each by attaching it with an address.

SIGNATURE: *[Signature]* **5/22/95**
SIGNATURE AND EXACT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR