## 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

MAGNUI	MARINE CORPORATION										
Principal Place of Business Mailing Address											
2900 NE 188TH NORTH MIAMI	i street Beach Fl. 33180		2900 NE 188TH STREET NORTH MIAMI BEACH FL 33180								
								NOT WRITE	IN THIS	SPACE	<del></del>
							3. Date Incorporated or 05/27/1993	Qualifed			
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number 59-1	682327	<del>,</del>	Ap	plied For
21		26					APPLIED FOR	No	t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status D	esired		\$8.75 A		
22		27				<u></u>	3. Consider of Citator 2			Fee Re	<del></del>
City & Stat	e	City & State				<ol> <li>Election Campaign F</li> <li>Trust Fund Contributi</li> </ol>	_		\$5.00 Added t	•	
Zip	Country	Zip Country			a This corporation owe		nt vear Inta				
24	25	29	30				Personal Property Ta		,	•	□No
	9. Name and Address of Current	Registered Agent					10. Name and Address	of New Re	gistered /	\gent	
COB	PORATION COMPANY OF MIAMI			81	1 N	lame					
2014 S. BISCAYNE BLVD.				82	2 S	treet Addre	et Address (P.O. Box Number is Not Acceptable)				
	MIAMI CENTER		1								<del></del>
	/II FL 33131		83								
THE STATE OF THE S					4 C	ity			FI	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above						amed corpo	ration submits this stateme	nt for the n	<u> </u>	changing its	registered
office or r	egistered agent, or both, in the State or familiar with, and accept the obligation of the control of the state of the control of the state of the st	f Florida, Such change ons of, Section 607.050	was author 5, Florida :	rized by Statutes	y the s.	corporation	n's board of directors. I here when reinstating)	by accept	the appoin	tment as rec	jistered 
12.	OFFICERS AND	<del></del>	<del>```</del>	13.	aur siði	rature required	ADDITIONS/CHANGE	S TO OFFI		DIRECTO	RS IN 12
TITLE	D	☐ DELE		1,1 TITLE	_			<u>5 10 5.</u> 11	<u> </u>	Change	☐ Addition
NAME	THEODOLI, KATRIN			1.2 NAME							
STREET ADDRESS	2900 NE 188TH STREET		J	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		JRESS					
CITY-ST-ZiP	NORTH MIAMI BEACH FL 33180					,					
TITLE	☐ DELETE		TE :	2.1 TITLE						Change	Addition
NAME		•	1	2.2 NAME		ĺ					
STREET ADDRESS				2.3 STREE							
C/TY-S7-ZIP			2. 4 CITY-ST-ZIP 3.1 TITLE			<del>-: </del>			Change	Addition	
NAME		C. DELL		3.1 MEE						□ Change	☐ Addition
STREET ADDRESS			- 6	3.3 STREE		IRESS					
CITY-ST-ZIP				3.4. CITY-1		1					
TITLE	☐ DELETE			4.1 TITLE			<del></del>			☐ Change	Addition
NAME				4. 2 NAME							
STREET ADDRESS		•	1	4.3 STREE	TADO	IRESS					
CITY-ST-ZIP				4.4 CITY-S	ST-ZIP	,	<u>.</u>				
TITLE		☐ DELE	<b>a</b> .						☐ Change	☐ Addition	
NAME				5.2 NAME		-500					
STREET ADDRESS			1	5.3 STREE		J					
CITY-ST-ZIP TITLE		DELE		5.4 CITY-S 6.1 TITLE	51-ZIP					☐ Change	☐ Addition
NAME				6.2 NAME						□ c⊹range	☐ Addition
STREET ADDRESS				6.3 STREE		RESS					

14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

REKATION THEODOLI 3-

7-99 305-931

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90018 027 \*\*\*150.00

305-931-4292 Daytime Phone #