

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000018224 (2)

1. Corporation Name

AEROMARINE USA, INC.

Principal Place of Business

11700 N.W. 120 ROAD  
02  
MEDLEY FL 33178

Mailing Address

11700 N.W. 120 ROAD  
02  
MEDLEY FL 33178

2. Principal Place of Business

21 1855 N.W. 70TH AVENUE

Suite, Apt. #, etc.

22

City & State

23 MIAMI FLORIDA

Zip

24 33126

Country

25 USA

2a. Mailing Address

26 1855 N.W. 70TH AVENUE

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FLORIDA

Zip

29 33126

Country

30 USA

9. Name and Address of Current Registered Agent

PRICE, MAX R  
6701 SUNSET DRIVE  
SUITE 104  
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name PETER R. ESPINET  
82 Street Address (P.O. Box Number is Not Acceptable)  
10240 E. CALUSA CLUB DR.  
83  
84 City MIAMI FL 85 Zip Code 33186

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

11/9/98

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ESPINET, PETER R  
STREET ADDRESS 10240 E. CALUSA CLUB DR.  
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 9000002689839--6

1.3 STREET ADDRESS -11/17/98--01072--006

1.4 CITY-ST-ZIP \*\*\*\*758.75 \*\*\*\*758.75

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

11/9/98

305-470-8989

APPROVED  
AND  
FILED

98 NOV 13 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

98

3. Date Incorporated or Qualified

03/06/1995

4. FEI Number

NOT APPLICABLE

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

CR2E034 (10/97)