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FILED
Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000075179 (7)

1. Corporation Name
~~AMERICAN MARINE CANVAS & INTERIORS, INC.~~

235 CATALONIA, INC.

NC
1/30/97



Principal Place of Business
9250 S.W. 104 STREET
MIAMI FL 33176

Mailing Address
9250 S.W. 104 STREET
MIAMI FL 33176-3607

3. Date Incorporated or Qualified
09/10/1996

3a. Date of Last Report

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number 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 for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

BARRETO, RODNEY
9250 S.W. 104 STREET
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

FL

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

1. TITLE DELETE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE DELETE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE DELETE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE DELETE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE Change Addition

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE Change Addition

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE Change Addition

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE Change Addition

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35 TITLE Change Addition

36 NAME

37 STREET ADDRESS

38 CITY-ST-ZIP

39 TITLE Change Addition

40 NAME

41 STREET ADDRESS

42 CITY-ST-ZIP

600002099508 Change Addition

-02/27/97--01032--007

***165.00

14. I do 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 provided 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 hereof, or in any attachment, with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-97 305 275-2202

CR2E034 (9/96)