
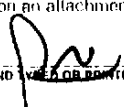


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Apr 22 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998 		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Corporation Name P 97000051793 <b>SELACHII MARINE LIMITED INC</b>			
Principal Place of Business 10811 N W 29th Street Miami Fl 33172		Mailing Address 10811 NW 29th Street Miami Fl. 33172	
2. Principal Place of Business 21 10811 NW 29th St Suite, Apt. #, etc. 22 City & State 23 Miami Fl Zip Country 24 33172 25 Dade		2a. Mailing Address 26 10811 NW 29th St Suite, Apt. #, etc. 27 City & State 28 Miami Fl Zip Country 29 33172 30 Dade	
3. Date Incorporated or Qualified June 11 1997		4. FEI Number 65 0764250	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Name and Address of Current Registered Agent Jorge Bilda 10811 NW 29th Street Miami Fl 33172	
9. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code		10. Name and Address of New Registered Agent	
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 re-registering) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input type="checkbox"/> DELETE NAME Afranio AragoCraveiro STREET ADDRESS 10811 NW 29th St. Miami Fl 33172 CITY-ST-ZIP	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	
TITLE V <input type="checkbox"/> DELETE NAME Jose Wilson de Alencar STREET ADDRESS 10811 NW 29th Street CITY-ST-ZIP Miami Fl 33172	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	
TITLE T <input type="checkbox"/> DELETE NAME Josue Cabral STREET ADDRESS 10811 NW 29th Street CITY-ST-ZIP Miami Fl 33172	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	600002498186 -04/23/98--01076--019 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S <input type="checkbox"/> DELETE NAME Jorge Bilda STREET ADDRESS 10811 NW 29th Street CITY-ST-ZIP Miami Fl 33172	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	95.22	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: 		Jorge Bilda Date: 4/17/98	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	