

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F42089** (5)
1. Corporation Name
ADAMAR MARINE, INC. DBA ADAMAR FINE ARTS



Principal Place of Business
**177 N.E. 39TH STREET
MIAMI FL 33137
US**

Mailing Address
**177 N.E. 39TH STREET
MIAMI FL 33137
US**

3. Date Incorporated or Qualified
08/20/1981

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2125934

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**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**SEGAL, WILLIAM J
20801 BISCAYNE BLVD.
AVENTURA FL 33180**

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

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 _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	1. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	PD	ERBERG, TAMAR	21173 NE 18TH PLACE N MIAMI BCH, FL 00000	2. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	TD	ERBERG, ADAM	21173 NE 18TH PLACE N MIAMI BCH, FL 00000	3. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
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				100. TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 in possession of the corporation, and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: **TAMAR ERBERG** 576-1355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)