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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

426930

(4)

GONZALEZ BROTHERS MARINE CONSTRUCTION, INC.

Principal Place of Business			Mailing Address					4 19811 61612 11816 61319 18169 11113 #1			)	
1865 NW 21 STR		186	1865 NW 21ST									
MIAMI FL 33142			MIAMI FL 33142					DO NOT WRITE IN THIS SPACE				
U\$		US	US			-	3. Date Incorporated or Qualified					
								05/30/1973				
2. Principal Pl	lace of Business	2a. M	lailing Address					4. FEI Number		TIA	pplied For	
21			26					59-1463902		h	of Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.								Additional	
22			27					5. Certificate of Status Desired		Fee R	equired	
City & State			City & State					6. Election Campaign Financing		\$5.00	May Be	
23			28					Trust Fund Contribution		Added	to Fees	
Zip	Country	_ Z	Zip Cou				8. This corporation owes or has paid t					
24		25 29 30		30	-,			Personal Property Tax due June				
	9. Name and Address of Current	t Register	ed Agent					10. Name and Address of New Re	gistered	Agent		
	onzalez, angel				81	Name	}					
524 NAVARRE ST						Street	Address	ress (P.O. Box Number is Not Acceptable)				
CO	PRAL GABLES FL 33144				-							
					83							
					84	City		<del></del>		85 Zip	Code	
	(6 )	7.7.7.007	4000 Electe 600 as	- 46 -			<u></u>	sting of basis this statement for the	FL		to sociatored	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State	of Florida.	. 1508, Florida Statule Such change was a	uthoriza	ed by	the cor	rporation	's board of directors. I hereby acce	pt the app	ointment as	registered	
agent. I a	m familiar with, and accept the obliga	itions of 5	Section 607.0505, Flo	rida Sta	atutos	3.						
SIGNATURE	mad My Du	Mal	<u></u>					when reinstating)	DATE			
12.	Strendore, type corphisted name of registered age: OFFICERS AND			13		int signature	ie required v	ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12	
TITLE	PD DILETE					-			Change	Addition		
NAME	GONZALEZ, ANGEL			1.2 NAME			a	ouzaier Danian 29 Navarrea	میرو		;	
STREET ADDRESS	524 NAVARRE ST.			1.3	STREET	ADDRESS	5	ea navarren	VES		l.	
CITY-ST-ZIP	CORAL GABLES FL					1.4 CITY-ST-ZIP		RALGAMIES, FI				
TITLE	8		DELETE				11	edigames, fi p.d. J. Sagar 165 NW. 21 57. 1442		☐ Change	Addition	
NAME	GONZALEZ, ISIDRO		/ -	2.21	NAME		1 7	ON TEACH	101 Di		1	
STREET ADDRESS	885 SW 3ND AVE., APT. #4			2.3	STREET	ADDRESS	30	SACTOR SACRET	e v	જ		
CITY-ST-ZIP	MIAMI FL			2.4	CITY-S	it - ZIP	16	99 MM. 51 2)				
TITLE	* 5		DELETE		TITLE		u	1141,12 b7142	-	Change	Addition	
NAME	GONZALEZ, DAMIAN M.			3.21	NAME							
STREET ADDRESS	524 NAVARRE STREET			3.3	STREET	ADDRESS						
CHY-ST-ZIF	CORAL GABLES FL			3.4.	CITY-S	ST - ZIP						
TITLE	JOAN . J. SAGA	2200	DELETE	4.1	HTEE		1			☐ Change	Addition	
NAME	1016 that 21 CT		1. V.P.D.	4. 2	NAME							
STREET ADDRESS	1865. NW ZI ST MAMI, GL 33142	,		4.3	STREET	ADDRESS						
CHY-ST-ZIP	MAMI, 44 07142	•		4.4	CITY-S	I - ZIP						
TITLE			DELETE	5.1	HTLF					Change	Addition	
NAME		,		5.21	NAME		1					
STREET ADDRESS				5.3	STREFT	ADDRESS						
CITY-ST-ZIP				5.4	CITY-S	T-ZiP	<u> </u>					
TITLÉ			DELETE	6.1	THLE			<del></del>		Change	☐ Addition	
NAME				6.2	NAME							
STREET ADDRESS				6.3	STREET	ADDRESS						

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.

CITY-ST-ZIP

111108

**FILED** 

Jan 20 1998 8:00am

Secretary of State