


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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # F17034 (2)
1. Corporation Name
MARITIME ENTERPRISES CORPORATION

Principal Place of Business 2030 NW 94 AVE. P O BOX 4508, HIALEAH, FL. 33014 MIAMI FL 33172	Mailing Address 2030 NW 94 AVE. P O BOX 4508, HIALEAH, FL. 33014 MIAMI FL 33172
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16641 N.E. 29 AVE. Suite, Apt. #, etc. 22 P.O. BOX 4508 City & State 23 N.MIAMI BEACH, FL Zip 24 33160 Country 25 USA		2a. Mailing Address 26 16441 N.E. 29 AVE. Suite, Apt. #, etc. 27 P.O. BOX 4508 City & State 28 N.MIAMI BEACH, FL Zip 29 33160 Country 30 usa		3. Date Incorporated or Qualified 01/13/1981 4. FEI Number 59-2051181 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
--	--	---	--	--	--

9. Name and Address of Current Registered Agent ALFONSO, NORBERTO 2030 NW 94 AVE. MIAMI FL 33172				10. Name and Address of New Registered Agent 81 Name ALFONSO, NORBERTO 82 Street Address (P.O. Box Number is Not Acceptable) 16441 N.E. 29 AVE. 83 84 City N.MIAMI BEACH FL 85 Zip Code 33160			
---	--	--	--	---	--	--	--

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

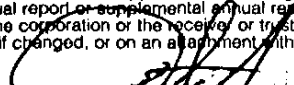
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALFONSO, NORBERTO 2030 NW 94 AVE. MIAMI FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PRESIDENT ALFONSO, NORBERTO 16441 N.E. 29 AVE. N.MIAMI BEACH, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ALFONSO, MARTA 2030 NW 94 AVE. MIAMI FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	SECRETARY/TRESURER ALFONSO, MARTA 16641 N.E. 29 AVE. N.MIAMI BEACH, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Norberto Alfonso 4-9-98 (305) 947-6657

CR2E034 (10/97)