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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 45 30 42 MARITIME DIESEL ELECTRIC INC

Country

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

26

27

28

9050 NW 42 COURT CORAL SPRINGS FL 33065

Suite, Apt. #, etc.

City & State

21

23

24

Zip

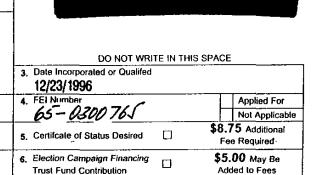
Principal Place of Business

9050 NW 42 COURT CORAL SPRINGS FL 33065

Suite, Apt. #, etc.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90295 028 ***150.00



8. This corporation owes the current year Intangible

Yes □No 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANANAVA GIACHOS Street Address (P.O. Box Number is Not Acceptable) 82 9050 NW 42 COURT **CORAL SPRINGS FL 33065** 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 Stoti 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, Segtion 607.0505, Florida Statutes.

Country

| SIGNATURE | | 4 | |
|----------------|--|-------------------------------------|--|
| | | Registered Agent signature required | whon reinstating) DATE |
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | P DELETE | 1.1 TITLE | Change Addition |
| NAME | ANA MANNA GIACHOS. | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL | 1 4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 2.1 TITLE | Change Addition |
| NAME | | 2 2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2, 4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 34. CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | Change Addition |
| NAME | | 4, 2 NAME | • |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | DELETE | 5.1 TITLE | Change Addition |
| NAME | A service of the serv | 5.2 NAME | * s • ti |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | to the state of th |
| TITLE | ☐ DELETE | 6.1 TITLE | Change Addition |
| NAME | | 6.2 NAME | |
| | | e a pyper apopere | |

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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

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