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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 458128 (6)
1. Corporation Name
DOLPHIN MARINE CANVAS, INC.

Principal Place of Business Mailing Address
241 N.W. SOUTH RIVER DRIVE 241 N.W. SOUTH RIVER DRIVE
MIAMI FL 33128 MIAMI FL 33128-1530



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/26/1974		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1558644		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CAMACHO, EDWIN
3711 N.W. 12 ST.
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name CAMACHO, EDDY DAVID
82 Street Address (P.O. Box Number is Not Acceptable)
241 N.W. South River Drive
83
84 City Miami FL 85 Zip Code 33128

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

Eddy D Camacho
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	PTD CAMACHO, EDWIN <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PTD CAMACHO, EDDY DAVID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMACHO, EDWIN	1.2 NAME	CAMACHO, EDDY DAVID
STREET ADDRESS	241 N.W. S. RIVER DR.	1.3 STREET ADDRESS	241 NW South River Drive
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	Miami FL, 33128
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	CAMACHO, SYLVIA F.
STREET ADDRESS		2.3 STREET ADDRESS	241 NW South River Drive
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Miami FL, 33128
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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:

Eddy D Camacho
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97 (305) 545-5400

EDDY DAVID CAMACHO

Daytime Phone

0235043

CR2E034 (9/96)