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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 466565

(9)

1. Corporation Name MIAMI MARINE RESEARCH, INC.



Principal Place of Business Mailing Address					- I ILBARI OPOID BILLO DERO UREL BRIBE DILI DIBRE DEBIL DICHE BADA DIBRE DEBIL DICHE			
547 WEST AVENUE 547 WEST AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139								
					3. Date Incorporated or Qualified 12/17/1974	3a. Date of 05/0	Last Report	
	Place of Business	2a. Mailing Address			4. FEI Number		Applied F	For
21		26			59-1567381		Not Appli	licable
22	pt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 Addition Fee Required	
City & Si 23		City & State			6. Election Campaign Financing Trust Fund Contribution	Ll	\$5.00 May B Added to Fees	S
Ζιρ 24	Country	Ζρ	Country		8. This corporation has liability for it		nders 199 032	2,
24]	25 9. Name and Address of Curren	1 Registered Apent	30	yenyenen	Florida Statutes Yes 10. Name and Address of New R			
	5. Hame Bild Address of Outrest	t negistered Agent	81	Name	10. Name and Address of New R	egistered Age	ent	
DEDE	7 CADIOS I		82					
PEREZ, CARLOS L 547 WEST AVENUE				Street Add	ress (P.O. Box Number is Not Acceptabl	e)		
	II BEACH FLORIDA FL 33139		83					
ma wii	DESCRIPTION TO GO TO							
			84	City		FL	5 Zip Code	
SIGNATURE	Signative, tapos or protect a his of expoless to his OFFICERS AND	DIRECTORS	(aŭte, Registrie i Agri 13.	t signature réquire	ADDITIONS/CHANGES TO OFFE			
TIFLE	T	DELETE	1 I HILE			С	nange 🔲 Add	dition
NAME	PEREZ, CLARA		1.2 NAME					
STREET ADDRES			1 3 STREET					
CITY - ST ZIP	MIAMI FL 33/6√	TOUR IS	1.4 CHY+S 2 1 TOLE	1 - 219				1.0
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NAME	PEREZ, CARLOS L.		3.2 NAME					
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TITLE		☐ DELETE	€ LTHLE				hange Add	dition
NAME			6.2 NAME					
STREET ADDRES	58		6 3 STREET	ADDRESS				
CITY OF THE	h		C A CITY C	r 716.				
CITY-ST-ZIP			6 4 CITY - S	L-ZIP				

I do hereby certify that the information supplied with this filing is vountarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 all arising in with an aridress.

SIGNATURE: