SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 19 AM 10:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **491270** **(5)**

1. Corporation Name
TRANS WORLD MARINE CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1885 SW 18TH STREET MIAMI FL 33145	1885 SW 18TH STREET MIAMI FL 33145

3. Date Incorporated or Qualified: **03/15/1976**
3a. Date of Last Report: **02/08/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **35-2094609** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DON STROCK
1885 S.W. 18 ST.
MIAMI FL 33145

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	STROCK, DON	1.2 NAME	
STREET ADDRESS	1885 S.W. 18TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	DOLMAN, LINDA	2.2 NAME	
STREET ADDRESS	354 PLUMBAGO LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	BUSSENIUS, WALTER	3.2 NAME	
STREET ADDRESS	P.O. BOX 12, CAP HAITEN	3.3 STREET ADDRESS	
CITY-ST-ZIP	HATI (WI)	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	STROCK, STEVEN	4.2 NAME	
STREET ADDRESS	555748 LEE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	OW, LIMSAN	5.2 NAME	
STREET ADDRESS	12235 NW 8TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	ST	6.1 TITLE	☐ Change ☐ Addition
NAME	Lisa Piper	6.2 NAME	
STREET ADDRESS	16VS SPRING Garden Dr	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: Don Strock 7-13-95 305-854-3475
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #

004427 CP