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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 510466 (6)

V I P MARINE INDUSTRIES, INC.

Principal Place of Business	Mailing Address	
950 NW 72ND ST MIAMI FL 33150	950 NW 72ND ST Miami Fl 33150	

FILED Apr 08 1998 8:00am Secretary of State



Principal Place	e of Businoss	Mailing Addres	s				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
950 NW 72ND ST 950 NW 72ND ST								
MIAMI FL 331	50	MIAMI FL 3315	50			DO NOT WRITE IN	THIS SOACE	
						3. Date Incorporated or Qualified	INIS SPACE	
						•		
3 Dringing! Di	lace of Business	2a. Mailing Add	Ironn			08/13/1976 4. FEI Number		
· ·	ace of Busilless	— <u> </u>	ness			1		pplied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					59-1687885		lot Applicable	
		, eic.			5. Certificate of Status Desired		Additional lequired	
22 27 27			City & State					
City & State City & State					6. Election Campaign Financing Trust Fund Contribution		May Be	
Z ip	Country	28 Zip		Country				to Fees
24	<u>├</u> ¬ ′	<u>├</u> ─┐ .		Country		8. This corporation owes or has paid the		ntangible No
24	25 9. Name and Address of Cur	rent Registered Agent	30			Personal Property Tax due June 30. 10. Name and Address of New Regist		<u> </u>
		Total Tropistoreo Agent		81	Name	IV. Hallie 200 Addition of their hogist	orea Agent	
	LIS, ROSANNE				140110			
1	BS S. OCEAN DRIVE			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
Į HA	LLANDALE FL 33009			83				
ĺ				83				
į				84	City		85 Zip	Code
<u></u>		<u> </u>					FL 2 P	
11. Pursuant t	to the provisions of Soctions 607.0	0502 and 607.1508, Flor	ida Statutes, th	he above	e-named c	orporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing	its registered
agent. I a	m familiar with, and accept the ob	oligations of, Section 60	7.0505, Florida	Statutes	s.	rations board or directors. Frictory accept the	o appointment as	a registered
SIGNATURE								
	Signature, typed or printed carrierol registered				nt signature re		DATE	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD BOOMINE	السا		1.1 TITLE			Change	Addition
NAME	GILLIS, ROSANNE			1.2 NAME				
STREET ADDRESS	1985 S. OCEAN DRIVE			1.3 STREET	ADDRESS			
CITY-ST-ZIP	HALLANDALE FL			1.4 CHY-S	T-ZIP			
TITLE	V	اليا		2.1 TITLE	- [☐ Change	Addition
NAME	PACHECO, PEDRO			2.2 NAME	İ			i
STREET ADDRESS	17010 N.W. 53RD AVE			2.3 STREET	ADDRESS			
CITY-ST-ZIP	OPA LOCKA FL			2. 4 CITY-5	ST-ZIP			
TITLE			DELETE	3.1 TITLE			Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY - S	ST-ZIP			
TATLE			DELETE	4.1 TITLE			☐ Change	Addition
NAME				4. 2 NAME	- 1			
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY-S	iT-ZIP			
TITLE			DELETE	5.1 TITLE	1		☐ Change	☐ Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY-S	IT-ZIP			
TITLE				61 TITLE	$\neg \neg$		☐ Change	Addition
NAME				6.2 NAME	- 1		_	}
STREET ADDRESS				6.3 STREET	ADDRESS			ŀ
City-St-Zip				6.4 CITY-S				
A111-01-4#				0.7 UII 1 1 3	* E.IT			

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 yie receiver or trustee suppowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for our an attachment with any address

SIGNATURE