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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 547855

MARITIME SERVICES, INC.

Principal Place of Business

Mailing Address

2655 LE JEUNE RD #1010 CORAL GABLES FL 33134 2655 LE JEUNE RD #1010 CORAL GABLES FL 33134

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90164 013 ***150.00



CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/28/1977 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 22-2174254 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Zip Country Zip This corporation owes the current year Intangible □No 25 29 30 Personal Property Tax. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HODDE, ERNST J Street Address (P.O. Box Number is Not Acceptable) 82 7800 SW 136 ST **MIAMI FL 33156** 83 City 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. 26, 1999 Hodde Ernst SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change Addition □ DF! FTE 117ITI F TITLE **PTSD** HODDE, ERNST J 1.2 NAME NAME 7800 SW 136 ST 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ DELETE ☐ Change 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6.1 TITLE Change TITLE 6.2 NAME

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 any 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, which is directly like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: Ernst. ET .. Hodde

NAME

STREET ADDRESS

April 26, 1999

305.441.1391

Daytime Phone

CR2E034 (11/98)