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

PROFIT CORPORATION ANNUAL REPORT



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

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553650 **DOCUMENT #**

(3)

1. Corporation Name MARINE BAR, INC.



8301 S.W. 14	IO DDIVE	Page 614 440 DOINE					
MIAMI FL 331		8301 S.W. 148 DRIVE MIAMI FL 33158					
					3. Date Incorporated or Qualified 09/22/1977	3a. Date of La 07/06/	st Report 1995
	ace of Business	2a. Mailing Address		,	4. FEI Number 59-1771389	·	Applied For
Suite, Apt.	# etc	26 Suite Apt # etc			00 177 1000		Not Applicable
22	77	Suite, Apt. #, etc. 27			5. Certificate of Status Desired		.75 Additional Fee Required
City & State	0	Crty & State			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be added to Fees
Ζ _Ι ρ 24	Country 25	Zıp 29	¬ — — — ·		8. This corporation has liability for intangitile tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	gistered Agen	
DI 41/F	1 4 Page 4		8	Name			
BLAKE, I 8301 S.V	LAKKY W. 148 DRIVE		8:	Street Addr	ress (P.O. Box N.iniber is Not Acceptable	o)	
MIAMI FI			8:				
						· · · · · · · · · · · · · · · · · · ·	
			84	City		FL 85	Zip Code
or realster	to the provisions of Sections 607.05 ed agent, or both, in the State of FI th, and accept the obligations of, Se	òrida. Such change was authoru	and by the cor.	named corpor poration's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	ose of changing introcrit as regist	its registered office ered agent. I am
SIGNATURE _	Signature, typed or printed name of registered ag	TERRO SE A ATO A COMO DE COME DE COMO DE COME					
12.		AND DIRECTORS	JiF Hegistered Age ■ 13.	nt signature reporte	ADDITIONS/CHANGES TO OFFIC	DATE DEDS AND DIDE	CTOBS IN 12
TITLE) PS	DELETE	1 1 TITLE		ADDITION OF INTOLO TO OFFIC	Cha	
NAME	BLAKE, LARRY		1.2 NAME				_
STREET ADDRESS	8301 SW 148 DRIVE		1.3 STREE	T ADDRESS			
CITY-S1-ZIP	MIAMI FL 33158		14 CITY-	ST-ZIP			
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NAME			2.2 NAME				
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NAME			3 2 NAME				nge 🔲 Adollon
STREET ADDRESS				ET ADDRESS			
CITY-ST-7IP			3.4 C-1Y-				
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CITY-ST-ZIP			4.4 C!TY -	ST-ZIF			
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TITLE		☐ DELETE	6 1 TITLE			☐ Cha	nge 🔲 Addition
NAME CIRCEL ADDRESS			6.2 NAME				
\$TREET ADDRESS			1	T ADDRESS			
CITY - ST - ZIP			6.4 CITY -	ST-74P I			

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 cath; 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 Inchanged, or on an attachment with an address

GNATURE:

SENATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _