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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 609574 1. Corporation Name MARINE PROPULSION ENGINEERING, INC.

99 FEB 15 AM 11:51

SECRETARY OF STATE TALLAHASSEE



Principal Place of Business 8220 STATE RD. 84 200 DAVIE FL 33324 US Mailing Address 8220 STATE RD. 84 200 DAVIE FL 33324 US

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

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/12/1979 4. FEI Number 59-1882514 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent BARR, DANIEL 8220 STATE RD. 84 STE. #200 DAVIE FL 33324

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 12.1 TITLE DT 12.2 NAME BARR, DANIEL A 12.3 STREET ADDRESS 8220 STATE RD. 84, #200 12.4 CITY-ST-ZIP DAVIE FL 12.5 TITLE D 12.6 NAME RICE, JOSE LUIS G 12.7 STREET ADDRESS GAVOTAS 24 12.8 CITY-ST-ZIP MAZATLAN SINALOA, MXO 12.9 TITLE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-ST-ZIP 12.13 TITLE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-ST-ZIP 12.17 TITLE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP 13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: X Jose Luis Rice. X Jan-31-99 011-526-9834265 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #