

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

amendment

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 SEP -14 PM 2:07

RECEIVED  
TALLAHASSEE, FLORIDA

DOCUMENT # 651496 (2)

1. Corporation Name

NORTH AMERICAN OCEAN TRANSPORTATION, INC.

Principal Place of Business

6984 N.W. 42nd Street  
Miami, Florida 33166

Mailing Address

3850 SW 87 Avenue, Ste 305  
Miami, Florida 33165

2. Principal Place of Business

21 6984 N.W. 42nd Street

Suite, Apt. #, etc.

22

City & State

23 Miami, Florida

Zip

24 33166

Country

25 U.S.A.

2a. Mailing Address

26 3850 SW 87 Avenue,

Suite, Apt. #, etc.

27

Suite 305

City & State

28 Miami, Florida

Zip

29 33165

Country

30 U.S.A.

3. Date Incorporated or Qualified

11-19-1979

3a. Date of Last Report

APRIL 1998

4. FEI Number

65-0746869

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

ALICIA GUERRA  
10320 SW 139 STREET  
MIAMI, FLORIDA 33176

10. Name and Address of New Registered Agent

81 Name

JOHN GUERRA

82 Street Address (P.O. Box Number is Not Acceptable)

12721 SW 47 TERRACE

83

84 City

MIAMI

FL

85 Zip Code  
33175

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent and, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/2/98

12. OFFICERS AND DIRECTORS

TITLE President ☒ DELETE  
NAME Alicia Guerra  
STREET ADDRESS 10320 SW 139 STREET  
CITY-ST-ZIP MIAMI, FLORIDA 33176

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition  
1.2 NAME John Guerra  
1.3 STREET ADDRESS 12721 SW 47 Terrace  
1.4 CITY-ST-ZIP Miami, Florida 33175

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 800002635418-5  
2.4 CITY-ST-ZIP -09/09/98-01061-002-5  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/98

Date

(305) 593-5014

305-225-1492

Daytime Phone #

CR2E034 (12/95)