


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90038 008 ****61.25

DOCUMENT # 731206 1. Entity Name DADE MARINE INSTITUTE, INC.					
Principal Place of Business 1820 ARTHUR LAMB JR. RD. MIAMI, FL 33149			Mailing Address ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DR TAMPA, FL 33634		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1561549	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HULL, DAVID J 225 WATER STREET, STE. 1800 JACKSONVILLE, FL 32202				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED DE ARMAS, LUIS 201 S BISCAYNE BLVD MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DeArmas, Luis 201 S. Biscayne Blvd. Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANDER, OB 5915 BENJAMIN CENTER DR TAMPA, FL 33634	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOMBERG, MITCH 2601 S BAYSHORE DR, STE 1600 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIEMEIER, MARLENE 2665 S BAYSHORE DR #300 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Niemeier, Marlene 1688 Meridian St. Ste. 902 Miami Beach, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED FABRICANT LORETT, LORETTA 100 SE SECOND ST., #3910 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED VALDEZ, JUAN 2100 BISCAYNE BLVD MIAMI, FL 33137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/20/06 Daytime Phone # 813-8873300		

60016619



01062006 Chg-NP CR2E037 (11/05)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	Delete
STREET ADDRESS	DE ARMAS, LUIS	<input type="checkbox"/>
CITY-ST-ZIP	201 S BISCAYNE BLVD MIAMI, FL 33131	
TITLE	NAME	Delete
STREET ADDRESS	STANDER, OB	<input type="checkbox"/>
CITY-ST-ZIP	5915 BENJAMIN CENTER DR TAMPA, FL 33634	
TITLE	NAME	Delete
STREET ADDRESS	BLOOMBERG, MITCH	<input type="checkbox"/>
CITY-ST-ZIP	2601 S BAYSHORE DR, STE 1600 MIAMI, FL 33133	
TITLE	NAME	Delete
STREET ADDRESS	NIEMEIER, MARLENE	<input type="checkbox"/>
CITY-ST-ZIP	2665 S BAYSHORE DR #300 MIAMI, FL 33131	
TITLE	NAME	Delete
STREET ADDRESS	FABRICANT LORETT, LORETTA	<input type="checkbox"/>
CITY-ST-ZIP	100 SE SECOND ST., #3910 MIAMI, FL 33131	
TITLE	NAME	Delete
STREET ADDRESS	VALDEZ, JUAN	<input type="checkbox"/>
CITY-ST-ZIP	2100 BISCAYNE BLVD MIAMI, FL 33137	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	Change Addition
STREET ADDRESS	DeArmas, Luis	<input checked="" type="checkbox"/>
CITY-ST-ZIP	201 S. Biscayne Blvd. Miami, FL 33131	
TITLE	NAME	Change Addition
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		
TITLE	NAME	Change Addition
STREET ADDRESS	Niemeier, Marlene	<input checked="" type="checkbox"/>
CITY-ST-ZIP	1688 Meridian St. Ste. 902 Miami Beach, FL 33139	
TITLE	NAME	Change Addition
STREET ADDRESS		<input checked="" type="checkbox"/>
CITY-ST-ZIP		
TITLE	NAME	Change Addition
STREET ADDRESS		<input checked="" type="checkbox"/>
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #