## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F24926

(0)

MIAMI MARINE RESEARCH AND TESTING STATION, INC.

Principal Place of Business	Mailing Address	-
C/O CARLOS L PEREZ 547 WEST AVE MIAMI BEACH FL 33139	C/O CARLOS L PEREZ 547 WEST AVE MIAMI BEACH FL 33139	
Principal Place of Business     1	2a. Mailing Address	-
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_

## FILED Feb 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1981 4. FEI Number Applied For 59-2087569 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PEREZ, CARLOS L 547 WEST AVE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 83 84 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE TITLE 1.1 TITLE L Change Addition ( PEREZ, CLARA NAME 1.2 NAME 3041 SW 112ND AVE. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST ZIP CITY - ST - ZIP DPS DELETE 2.1 TITLE Change Addition TITLE PEREZ, CARLOS L 2.2 NAME NAME 3041 SW 112ND AVE. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 2. 4 CITY - ST ZIP \_\_\_ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST- ZIP DELETE Change Addition 5.1 TITLE DITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST- ZIP DELETE 6.1 TITLE Change Addition TIME

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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

1/2/98 (365) 5340103

72E034 (10/97)