## 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 #

(0)

**FILED** May 15 1998 8:00am Secretary of State

EASTERN AERO MARINE WORLDWIDE, INC.									
Principal Plac	e of Business	Mailing Address				-UI 46871 WIE6	1 MIRIT BIBLI DINI	11 BIBIT 1881	
% SAMUEL OROSHNIK 3850 N.W. 25TH STREET MIANI FL 33142-6720		% SAMUEL OROSHNIK 3850 N.W. 25TH STREET			DO NOT WRITE	E IN THIS	SPAĈE		
MIAMI FL 331	<b>42-5/2</b> 0	MIAMI FL 33142-6720			3. Date Incorporated or Qualified 07/23/1982		<u> </u>		
2. Principal Place of Business		2a. Mailing Address						oplied For	1
21		26		59-2209280		No	ot Applicable	]	
Suite, Apt. #, etc.		Suite, Apt. #. etc.		5. Certificate of Status Desired		\$8.75 A			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip	Country	Zip	Zip Country		8. This corporation owes or has pa	aid the cur	id the current year Intangible		
24	25	25 29			Personal Property Tax due June 30. Yes No				
	g, Name and Address of Curren	t Registered Agent		: 7	10. Name and Address of New Re	gistered	Agent		]
OF	IOSHNIK, SAMUEL			81 Name					
3850 N.W. 25TH STREET MIAMI FL				82 Street Add	ess (P.O. Box Number is Not Acceptable)				
				83					
				84 City		FL	<b>85</b> Zip (	Code	}
office or r	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized	l by the corpora	poration submits this statement for the tion's board of directors. I hereby acce	purpose o pt the app	f changing it pointment as	s registered registered	
SIGNATURE						5,475			
12.	Signature, typed or printed name of registered age: OFFICERS ANI		13.	Agent signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFFICE	CERS AND	D DIRECTOR	S IN 12	46
TITLE	PTD	DELETE	1.1 711	LE T	ADDITIONO/OTANGEO TO OTT	<u> </u>	Change	Addition	CR2E034 (10/97)
NAME	OROSHNIK, SAMUEL		1.2 NA	ME .					¥
STREET ADDRESS	ACIA CONVIADA DIVID		1.3 STREET ADDRESS						
CITY-ST-ZIP	CORAL GABLES FL		1.4 CIT	Y-ST-ZIP					
TITLE	SD	☐ DELETE	2 1 717	LE			Change	Addition	0
NAME	oroshnik, rose		2 2 NA	ME					
STREET ADDRESS	3510 GRANADA BLVD		2.3 ST	REET ADDRESS					1
CITY-ST-ZIP	CORAL GABLES FL		_	TY - ST - ZIP					4
TITLE	SD ODOGUNUS AND JACOT O	DELETE	3 1 TIT				☐ Change	Addition	
NAME	OROSHNIK, AMY (ASST. S)		3 2 NA	·-					
STREET ADDRESS	3510 GRANADA BLVD			REE1 ADDRESS					
CITY-\$T-ZIP	CORAL GABLES FL	☐ DELETE	3.4 Cl	IY-ST-ZIP			Change	Addition	┨
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NAME CIDECT ADDRESS				REET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP					
TITLE		DELETE	5.1 TiT				Change	☐ Addition	1
NAME			5.2 NA				-		
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP			4	Y-ST-ZIP					
TITLE		DELETE	6.1 TH				Change	Addition	1
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 STI	REET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
14. I hereby	certify that the information supplied w	th this filing does not qualify t	or the exe	mption stated in	Section 119.07(3)(i), Florida Statutes.	I further co	ertify that the	information	

urate and that my signature shall have the same legal effect as if made under oath, that I am an extended this report as required by Chapter 607, Florida Statutes; and that my name appears in SAMUEL ORDSHWIK. indicated on this annual report or supplemental annual report is trueofficer or director of the corporation of the receiver or trustee empowered to ex Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: