

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 6 PM 1: 14

DOCUMENT # **G54664** (9)

1. Corporation Name
MIAMI MARINE, INC.

Principal Place of Business Mailing Address

% PAULINE WUCKER
900 BAY DRIVE #912
MIAMI BEACH FL 33141

% PAULINE WUCKER
900 BAY DRIVE #912
MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 **520 N. SHORE DR.** 26 **520 N. SHORE DR.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 **MIAMI BEACH, FL.** 28 **MIAMI BEACH, FL.**

Zip Country Zip Country

24 **33141** 25 **USA** 29 **33141** 30 **USA**

3. Date Incorporated or Qualified **08/18/1983** 3a. Date of Last Report **05/19/1994**

4. FEI Number **59-2325877** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

WUCKER, PAULINE A
900 BAY DRIVE, #912
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name **ERIC WAXMAN**

82 Street Address (P.O. Box Number is Not Acceptable)
520 N. SHORE DR.

83

84 City **MIAMI BEACH** FL 85 Zip Code **33141**

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 ERIC WAXMAN DATE 1/31/95

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WUCKER, PAULINE A
STREET ADDRESS	900 BAY DR, APT 912
CITY - ST - ZIP	MIAMI BCH, FL 00000
TITLE	PD
NAME	WEST, MICHAEL R
STREET ADDRESS	520 N SHORE DR
CITY - ST - ZIP	MIAMI BCH, FL 00000
TITLE	ST
NAME	WAXMAN, ERIC G.
STREET ADDRESS	520 N SHORE DR
CITY - ST - ZIP	MIAMI BCH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SOLD INTEREST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	NO LONGER WITH COMPANY
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 on an attachment with an address.

SIGNATURE: ERIC WAXMAN DATE 1/31/95 TELEPHONE # (305)866-4660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR