PROFIT CORPORATIO ANNUAL REPO		FLORIDA DEPAR Sandra B Secretar	S \$550.00 ITMENT OF STATE . Mortham y of State CORPORATIONS	FILI May 05 19 Secretary	98 8:	
1998 DOCUMENT 1. Corporation Name TREKY MARINE	# G62184 ENTERPRISES, INC.	(8)				
Principal Place of Busines: P. O. BOX 35-0231 MIAMI FL 33135 US	S	Mailing Address P. O. BOX 35-0231 MIAMI FL 33135 US		DO NOT WRITE IN TH		I (() II (III)
	<u> </u>			3. Date Incorporated or Qualified 09/01/1983		
2, Principal Place of Busir 21	ł	2a. Mailing Address		4. FEt Number 59-23 18772	┝━━╋━┷	plied For ot Applicable
Suite, Apt. #, etc.		Suile, Apt. #, etc.	······································	5. Certificate of Status Desired	\$8.75 / Fee Re	Additional
City & State		27 City & State	······	6. Election Campaign Financing	\$5.00	May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation owes or has paid the contribution		
RANNELLA, C 2524 NW 7TH MIAMI FL 11. Pursuant to the provisi	ST.	1d 607 1508, Florida Statut	83 84 City	Idress (P.O. Box Number is Not Acceptable)		Code s registered
	ent, or both, in the State of I ih, and accept the obligation	Florida. Such change was a ris of, Section 607.0505, Flo	uthorized by the corpor rida Statutes	propration submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as	repictored
SIGNATURE Sloodure Istord	of Duilod name of consistent asset of					
Signature, lyped	or provided manue of registered agent an OFFICERS AND D	d litte if applicable (NOTE IRE.CTORS	Registered Agent signature req			IS IN 12
Stonature, typed 12. TITLE CDP NAME NCCOLL STREET ADDRESS 1435 N.1	OFFICERS AND D .UM, RICHARD W. JR. W. 32 STREET	d lifte if applicable (NOTE	Registered Agent signature req 13. 1,1 TITLE 1,2 NAME 1,3 STREET ADDRESS	quired when reinstating) DATE		
Signature, typed 12. Title CDP NAME MCCOLL STREET ADDRESS 1435 N.1 CITY-ST-ZIP MIAMI FI TITLE SD NAME MCCOLL STREET ADDRESS 1435 N.1	OFFICERS AND D .UM, RICHARD W. JR. N. 32 STREET L .UM, JANET N. 32 STREET	d litte if applicable (NOTE IRE.CTORS	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	quired when reinstating) DATE		IS IN 12
Signature. Typed 12. TITLE CDP NAME MCCOLL STREET ADDRESS 1435 N.1 CITY-ST-ZIP MIAMI FI NAME MCCOLL STREET ADDRESS 1435 N.1 CITY-ST-ZIP MIAMI FI NAME STREET ADDRESS	OFFICERS AND D .UM, RICHARD W. JR. N. 32 STREET L .UM, JANET N. 32 STREET	d life if applicable (NOTE IRE CTORS	Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS	quired when reinstating) DATE	ND DIRECTOR	IS IN 12
Signature. Typed 12. Title CDP NAME MCCOLL STREET ADDRESS 1435 N.N CITY-ST-ZIP MIAMI FI TITLE SD NAME MCCOLL STREET ADDRESS 1435 N.N CITY-ST-ZIP MIAMI FI TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND D .UM, RICHARD W. JR. N. 32 STREET L .UM, JANET N. 32 STREET	d title if applicatale (NOTE	Repistered Ageni signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.3 STREET ADDRESS	quired when reinstating) DATE	ND DIRECTOR	IS IN 12
Signature. Typed 12. TITLE CDP NAME MCCOLL STREET ADDRESS 1435 N.N CITY-ST-ZIP MIAMI FI TITLE SD NAME MCCOLL STREET ADDRESS 1435 N.N CITY-ST-ZIP MIAMI FI TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D .UM, RICHARD W. JR. N. 32 STREET L .UM, JANET N. 32 STREET	d life if applicable (NOTE IFLE CTORS	Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.1 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	quired when reinstating) DATE	ND DIRECTOR Change Change	IS IN 12 Addition