FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H09509** **(1)**

1. Corporation Name
MARINEL, INC.

Principal Place of Business	Mailing Address
% ALIPIO VALDES ~~618 N. 13TH ST~~ 1236 CHANNELSIDE DR TAMPA FL 33602	% ALIPIO VALDES ~~618 N. 13TH ST~~ 1236 CHANNELSIDE DR. TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/25/1984	03/30/1994

2. Principal Place of Business	2a. Mailing Address
21 1236 CHANNELSIDE DR.	26 1236 CHANNELSIDE DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMPA, FLORIDA	City & State 28 TAMPA, FLORIDA
24 Zip 33602 25 Country USA	29 Zip 33602 30 Country USA

4. FEI Number 59-2834282 ☐ 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	10. Name and Address of New Registered Agent
VALDES, ALIPIO ~~618 N. 13TH ST~~ 1236 CHANNELSIDE DRIVE TAMPA FL 33602	81 Name VALDES, ALIPIO 82 Street Address (P.O. Box Number is Not Acceptable) 1236 CHANNELSIDE DRIVE 83 84 City TAMPA FL 85 Zip Code 33602

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	VALDES, ALIPIO	12 NAME	
STREET ADDRESS	102 LOCUST DR	13 STREET ADDRESS	
CITY ST ZIP	BRANDON FL	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	VALDES, AURORA	22 NAME	
STREET ADDRESS	102 LOCUST DR	23 STREET ADDRESS	
CITY ST ZIP	BRANDON FL	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	HARDIN, RONALD N.	32 NAME	
STREET ADDRESS	104 LOCUST DR	33 STREET ADDRESS	
CITY ST ZIP	BRANDON FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	VALDES, KATHRYN D.	42 NAME	
STREET ADDRESS	104 LOCUST DR	43 STREET ADDRESS	
CITY ST ZIP	BRANDON FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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.

SIGNATURE: Ronald N. Hardin (RONALD N. HARDIN) 4/21/95 (813) 223-2840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200307 CP