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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # H09509 (1) MARINEL, INC. Principal Place of Business Mailing Address						
1236 CHANNELSIDE DR. 1236 CHANNELSIDE DR.						
618 N. 13TH ST 618 N. 13TH ST		•				
TAMPA FL 3		TAMPA FL 33602-3113				
US		US		3. Date Incorporated or Qualified	3a. Date of Las	
				06/25/1984	04/18/199	
	Place of Business	2a. Mailing Address		4. FEI Number		Applied For
Suite, Api	t # atc	Suite, Apt. #, etc.		59-2834282		Not Applicable 5 Additional
2	. #, 600	27		5. Certificate of Status Desired		Required
City & Sta	ate.	City & State		6. Election Campaign Financing		00 May Be
3	•••	28		Trust Fund Contribution		ed to Fees
Zip	Country	7ip	Country	8. This corporation has liability for in		
4	25	29	30		Yes No	
	9. Name and Address of Curre			10. Name and Address of New Reg	istered Agent	
VA	LDES, ALIPIO		81 Name			
	38 CHANNELSIDE DR.		82 Street Add	dress (P.O. Box Number is Not Acceptable	6)	
	MPA FL 33602		one or year	The state of the s		
•••			83			
			84 City		los 1 3	ip Code
			84 City		FL 85 2	ip Code
		.02 and 607.1508, Florida State of Florida Such change was gations of, Section 607.0505,	utes, the above-named cors s authorized by the corpora Fiorida Statutes.	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changin t the appointment	g its registered as registered
SIGNATURE	Signature, typed or printed name of tegistered a		tules, the above-named corporal sauthorized by the corporal Florida Statutes. OTE. Registered Agent signature requirements.		DATE	
SIGNATURE	Signature, typed or printed name of tegistered a	gent and the if applicable (N	OTE Registered Agent signature requ	uired when reinstating)	DATE	ORS IN 12
SIGNATURE 12. TITLE	Signature: typed or printed name of registered a OF FICERS AI	gent and tole if applicable (N ND DIRECTORS	OTC Registered Agent signature requ	uired when reinstating)	DATE ERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature typed or posted name of registered a OF FICERS AT P VALDES, ALIPIO 102 LOCUST DR	gent and tole if applicable (N ND DIRECTORS	OTE Registered Agent signature requ	uired when reinstating)	DATE ERS AND DIRECT	ORS IN 12
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4. I do 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.

SIGNATURE:

Sonald h Hard Ronald N. HAROIN
HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 (813) 229-0080

FILED

Jan 22 1997 8:00am

Secretary of State