

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J71685 (8)

1. Corporation Name:
HINO MARINE, INC.

Principal Place of Business

801 N.W. 171 STREET
MIAMI FL 33169

Mailing Address

301 N.W. 171 STREET
MIAMI FL 33169-5908



3. Date Incorporated or Qualified
05/05/1987

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 1427 Ponce de Leon Drive

Suite, Apt. #, etc.

22

City & State

23 Ft. Lauderdale, FL 33316

Zip

24 33316

Country

25 US

2a. Mailing Address

26 1427 Ponce de Leon Drive

Suite, Apt. #, etc.

27

City & State

28 Ft. Lauderdale, FL 33316

Zip

29 33316

Country

30 US

4. FEI Number

59-2802967

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

TWOROGER, KENNETH F.
2851 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name Thomas M. Tworoger
82 Street Address (P.O. Box Number is Not Acceptable)
1427 Ponce de Leon Drive
83
84 City Ft. Lauderdale FL 85 Zip Code 33316

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

Signature of registered agent or person authorized to change registered agent or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating)

1-15-97

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME TWOROGER, THOMAS M.
STREET ADDRESS 301 N.W. 171 STREET
CITY - ST - ZIP MIAMI FL

TITLE S
NAME GRAHAM, ALLYSE F.
STREET ADDRESS 301 NW 171 STREET
CITY - ST - ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 Director, Secretary
1.2 NAME Tworoger, Thomas M.
1.3 STREET ADDRESS 1427 Ponce de Leon Drive
1.4 CITY - ST - ZIP Ft. Lauderdale, FL 33316

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
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. 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:

Signature and typed or printed name of signing officer or director

1-15-97 (954) 764-5937

Date

Daytime Phone #

0231033

CR2E034 (9/96)