

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

APPROVED
AND
FILED

1

1995 MAY -1 PM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **K08181**

1. Corporation Name
SOUTH FLORIDA MARINE TECHNOLOGY, INC.

Principal Place of Business
**7565 SW 109 PLACE
MIAMI, FL. 33156**

Mailing Address
**7565 SW 109 PLACE
MIAMI, FL. 33156**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/15/1987		3a. Date of Last Report 4/25/94	
21		26		4. FEI Number 66-6044091		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		24		30	
25		29					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THELLES, ALBERTO N. ESQ 999 PONCE DE LEON BLVD #1000 CORAL GABLES, FL. 33134				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 (typed or printed name of registered agent and the filer)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE				11 TITLE			
NAME				12 NAME			
STREET ADDRESS				13 STREET ADDRESS			
CITY - ST - ZIP				14 CITY - ST - ZIP			
TITLE				21 TITLE			
NAME				22 NAME			
STREET ADDRESS				23 STREET ADDRESS			
CITY - ST - ZIP				24 CITY - ST - ZIP			
TITLE				31 TITLE			
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY - ST - ZIP				34 CITY - ST - ZIP			
TITLE				41 TITLE			
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY - ST - ZIP				44 CITY - ST - ZIP			
TITLE				51 TITLE			
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY - ST - ZIP				54 CITY - ST - ZIP			
TITLE				61 TITLE			
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 110.07(3)(k), Florida Statutes. I further certify that the information executed on this initial 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. (Sign in Attachment with an address.)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 (205) 445-4668
5-195

K08181

(2)

**POWER OF ATTORNEY
KNOW ALL MEN BY THESE PRESENTS**

That I, Earl Rubley, as President for SOUTH FLORIDA MARINE TECHNOLOGY, INC. have made, constituted and appointed, and by these presents does make, constitute and appoint ALBERTO N. TRELLES true and lawful attorney for them and in their name, place and stead:

TO EXECUTE ANY AND ALL DOCUMENTS REQUIRED IN ORDER TO
COMPLY WITH THE CORPORATION ANNUAL REPORT.

giving and granting unto ALBERTO N. TRELLES said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that ALBERTO N. TRELLES said attorney or substitute shall lawfully do or cause to be done by virtue hereof.

In Witness Whereof, We have hereunto set our hands and seals the day of *april*, 1995.

Sealed and delivered in the presence of

Tracy Ross
Susan Williams }

Earl S. Rubley
By:

State of Florida
County of Dade

Be It Known, That on the day of , 199 , before me, a
NOTARY PUBLIC in and for the State of duly commissioned and sworn,
dwelling in the City of , County of , personally came and appeared
as of to me personally known, and
known to me to be the same persons described in and who executed the within power of
attorney, and acknowledged the within power of attorney to be the act and deed.

In Testimony Whereof, I have hereunto subscribed my name and affixed my seal of office the day and year last above written.