

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K11836 (9)**

1. Corporation Name  
**J & R MARINE, INC.**



Principal Place of Business Mailing Address  
**501 NW SOUTH RIVER DR MIAMI FL 33128**

3. Date Incorporated or Qualified **01/14/1988** 3a. Date of Last Report **06/08/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0202984</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22. Subdiv. Apts. #, etc.	26. Subdiv. Apts. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Country	Country			

9. Name and Address of Current Registered Agent <b>MONTES, GUSTAVO GARCIA 3525 NW 7TH ST. MIAMI FL 33135</b>	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: <b>PSD SALVADOR, JOSE LUIS</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>501 NW SOUTH RIVER DR. MIAMI FL 33128</b>		1.2 NAME	
CITY-ST-ZIP: <b>MIAMI FL 33128</b>		1.3 STREET ADDRESS	
TITLE: <b>AT</b>	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
NAME: <b>SALVADOR, JOSE LUIS</b>		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>501 NW SOUTH RIVER DR. MIAMI FL 33128</b>		2.2 NAME	
CITY-ST-ZIP: <b>MIAMI FL 33128</b>		2.3 STREET ADDRESS	
TITLE: <b>VTD</b>	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
NAME: <b>SALVADOR, ROSA V</b>		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>501 NW SOUTH RIVER DR. MIAMI FL 33128</b>		3.2 NAME	
CITY-ST-ZIP: <b>MIAMI FL 33128</b>		3.3 STREET ADDRESS	
TITLE: <b>AS</b>	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME: <b>SALVADOR, ROSA V</b>		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>501 NW SOUTH RIVER DR. MIAMI FL 33128</b>		4.2 NAME	
CITY-ST-ZIP: <b>MIAMI FL 33128</b>		4.3 STREET ADDRESS	
TITLE:	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME:		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		5.2 NAME	
CITY-ST-ZIP:		5.3 STREET ADDRESS	
TITLE:	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME:		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6.2 NAME	
CITY-ST-ZIP:		6.3 STREET ADDRESS	
		6.4 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)(k), 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 in Block 9 attachment with an address.

SIGNATURE: *Roberto Salvador* **ROBERTO SALVADOR** 3/6/96 (305)545-7722  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)