

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

CORPORATION
ANNUAL REPORT
1995



RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
OFFICE OF CORPORATIONS

DOCUMENT # K64579

(1)

MCALLEN MARINE, INC.

Principal Place of Business

501 BRICKELL KEY DR. #201
MIAMI FL 33131

Mailing Address

501 BRICKELL KEY DR. #201
MIAMI FL 33131

APPROVED
AND
FILED
53 MAY -1 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date of Incorporation or Qualification		3a. Date of Last Report	
21		26		02/09/1989		07/01/1994	
22		27		4. FEI Number		Applied For	
23		28		65-0099647		Not Applicable	
24		29		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
26		31		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

BLANK, ROBERT H.
TWO SOUTH BISCAYNE LVD.
SUITE 3636, ONE BISCAYNE TOWER
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 607.0512 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 607.0512, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

Signature of Officer or Director

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGE S TO OFFICERS AND DIRECTORS	
NAME	D MCMILLIAN, JOHN G. 501 BRICKELL KEY DR #201 MIAMI FL	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	☐ Change ☐ Addition
ZIP CODE		ZIP CODE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	☐ Change ☐ Addition
ZIP CODE		ZIP CODE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	☐ Change ☐ Addition
ZIP CODE		ZIP CODE	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032, 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. If I am an officer or director of this corporation or the registered agent, my signature is required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of Block 13 of this report or in an attachment with an address.

SIGNATURE:

John G. McMillian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN G. McMillian

4-26-95

305/860-9888