

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90179 038 \*\*\*150.00

**DOCUMENT # K68538**

1. Corporation Name

**GUARDADO MARINE MULTISERVICES, INC.**

Principal Place of Business

~~70 JULIO L. GUARDADO~~  
~~9847 SW 7TH ST~~  
~~MIAMI FL 33174~~

Mailing Address

~~70 JULIO L. GUARDADO~~  
~~9847 SW 7TH ST~~  
~~MIAMI FL 33174~~

2. Principal Place of Business

**21 14051 NW 20th COURT**

Suite, Apt. #, etc.

**22 OPA LOCKA, FL**

City & State

**23 33054**

Zip

Country

**24**

2a. Mailing Address

**26 14051 NW 20th COURT**

Suite, Apt. #, etc.

**27 OPA LOCKA, FL**

City & State

**28 33054**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**GUARDADO, JULIO L**  
**9847 SW 7TH ST**  
**MIAMI FL 33174**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/24/1989**

4. FEI Number

**65-0105239**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

**EDUARDO GUARDADO**

82 Street Address (P.O. Box Number is Not Acceptable)

83

**14051 NW 20th COURT**

84 City

**OPA LOCKA**

**FL**

85 Zip Code  
**33054**

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

*Eduardo Guardado*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **GUARDADO, JULIO L**

STREET ADDRESS **9847 SW 7TH ST**

CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **P**

1.3 STREET ADDRESS **EDUARDO GUARDADO**

1.4 CITY-ST-ZIP **14051 NW 20th COURT**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **VP**

2.3 STREET ADDRESS **OSCAR GUARDADO**

2.4 CITY-ST-ZIP **13780 SW 42nd TERRACE**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **S**

3.3 STREET ADDRESS **MARGARITA GUARDADO**

3.4 CITY-ST-ZIP **9847 SW 7th STREET**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Eduardo Guardado*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/9/99**  
Date

**305-638-4532**  
Daytime Phone #

CR2E034 (11/98)

0250485