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**

DOCUMENT # L53411

1. Corporation Name

PRESIDENT MARINE INTERNATIONAL INC.

	M. Marine III. III.			•						
Principal Place	e of Business	Mailing Address] "	3811811 881 81194 (1111 BIE1	, ii 661 (187 61611 6		
2901 NE 185TH STREET 2901 NE 185TH STREET										
NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL 331			80	0			DO NOT W	VRITE IN THIS	SDACE	
						2 Date I	ncorporated or Quali		JEACE	
						J 4.	1/1990)
2. Principal Place of Business 2a. Mailing Address							umber	 -	T A	plied For
2. Piliicipai Pi	ace of business	26	7			1	180666		<u> </u>	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1				Additional
	m, 610.	27				5. Certifo	ate of Status Desired	. 🗆	•	equired
City & State	A		City & State			6 Election	n Campaign Financi	na 🗀	\$5.00	May Be
23	-	28	1				Fund Contribution	ng 🗀		to Fees
Zip Country Zip			Country	,		8. This co	orporation owes the	current year In	tangible	
24	25	29	ō				nal Property Tax.	·	☐ Yes	□No
1	9. Name and Address of Current	Registered Agent				10. Name	and Address of Ne	w Registered	Agent	
			81	N	ame Y	⊆H .	SUSIE			ļ
	SUSIE		82	S			Number is Not Acc	eptable)		
2901 NE 185TH STREET					300	NE	211 ST			
NOR'	TH MIAMI BEACH FL 33180		83							
			84	_	ie.				85 Zip	Code
						HAMI	BEACH	FL	- │	3179
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligati	of Florida, Such change was auti	nonzea by	tne	imed corpo corporation	ration subm n's board of	its this statement for directors. I hereby a	the purpose of accept the appo	changing its intment as re	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agen	nt sigr	nature required	when reinstating		DATE		
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.			ADDITI	ONS/CHANGES TO	OFFICERS A		
TITLE	VP	☐ DELETE	1.1 TITLE						Change	☐ Addition
NAME	YUEH, VINCENT		1.2 NAME		ļ					
STREET ADDRESS	s 2901 NE 185TH ST			1.3 STREET ADORESS						Ì
CITY-ST-ZIP	NORTH MIAMI BEACH FL		1.4 CITY-ST-ZIP							
TITLE	P □ DELETE		2.1 TITLE						Change	Addition
NAME	YEH, EDDIE		2.2 NAME	2.2 NAME						ŀ
STREET ADDRESS	,			2.3 STREET ADDRESS						ĺ
CITY-ST-ZIP	N MIAMI BCH FL			2.4 CITY-ST-ZIP						
TITLE	S DELETE 3							* · ·	☐ Change	Addition
NAME	YEH, SUSIE									
STREET ADDRESS				TADE	DRESS					1
CITY-ST-ZIP	N MIAMI BCH FL		3.4. CITY-S	ST-ZII	Р.					
TITLE		☐ DELETE	4.1 TITLE						Change	Addition
NAME			4. 2 NAME							
STREET ADDRESS	, r		4.3 STREE	TADO	DRESS					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CITY-S	T-ZIF	,					<u></u>
TITLE	3 4 2 1 1 4 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE '	5.1 TITLE						☐ Change	☐ Addition
NAME	a start for en	COW	5.2 NAME							<u> </u>
STREET ADDRESS		•	5.3 STREE	TADE	XRESS					
CITY-ST-ZIP	the time of the state of the transfer	1 to	5.4 CITY-S	T-ZIF	·			4		
TITLE .		☐ DELETE	6.1 TITLE						☐ Change	☐ Addition
NAME .	· · ·	•	6.2 NAME		[•		
STREET ADDRESS			6.3 STREE	TADE	DRESS					

6.4 CITY-ST-ZIP 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: >

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90281 007 ***150.00