FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 10:06

DOCUMENT # L89194 (9)

1. Corporation Name
H K & E MARINE, INC.

Principal Place of Business	Mailing Address
2601 S. BAYSHORE DR. STE 600 COCONUT GROVE FL 33133 US	2601 S. BAYSHORE DR. STE 600 COCONUT GROVE FL 33133 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/26/1990
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0220550 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

KRINZMAN, RICHARD N.
2601 S. BAYSHORE DR
SUITE 600
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: HKES & F Registered Agent Corp.
82 Street Address (P.O. Box Number is Not Acceptable): 2601 South Bayshore Drive
83: Suite 600
84 City: Miami FL 85 Zip Code: 33133

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: Arthur J. Furia — 1-24-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	EQUELS, THOMAS K.	1.2 NAME		
STREET ADDRESS	2601 S. BAYSHORE DR #600	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	HOLTZMAN, SYLVAN	2.2 NAME	Arthur J. Furia	
STREET ADDRESS	2601 S. BAYSHORE DR #600	2.3 STREET ADDRESS	2601 South Bayshore Drive, Suite 600	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Florida 33133	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	KRINZMAN, RICHARD N.	3.2 NAME		
STREET ADDRESS	2601 S BAYSHORE DR #600	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	V/D	☐ Change ☒ Addition
NAME		4.2 NAME	Alan E. Krinzman	
STREET ADDRESS		4.3 STREET ADDRESS	2601 South Bayshore Drive, Suite 600	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, Florida 33133	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Arthur J. Furia — 1-11-95 — (305) 859-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0134483 CP