PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # ///05362 at 1. Corporation Name

- -

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90124 020 ***150.00

1. Corporation	ALEIDA	MARINA.	wc.			
Principal Plac	ce of Business	Mailing Address		_		
	5773 NW.	7 st.				
	000 in : - (D 3212		DO NOT WRITE IN TH	113 SPACE	
	= 17/10ml = 1~	P. 33120	•	3. Date Incorporated or Qualified $7 - 10 - 8$) _	
2. Principal	Place of Business	2a. Mailing Address	+	4. FEI Nur iber	Ap	plied For
21			w. 7 sT.	65-0034136		t /\pplicable
Suite, Apr.	. #, etc.	Suite, Apt. #, elc.		5. Certifca e of Status Desired	\$8.75 A	
City & Sta	te	City'& State	-68	6. Election Campaign Financing	\$5.00	-
23		28 YV///JMI	Country	Trust Fund Contribution	Added to	o l-ees
Zip 24	Country 25	29 33176 3	Country USA.	This corporation owes the current year Personal Property Tax.	Yes	EM.
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent	
Ω/	ELP EED IN)	81 Name			
	Eido Fernand 41 NW. 17 st.	12 <u>}_</u>	82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
			83			
on	11 romi - FP. 33	125	84 City	F	85 Zip C	Code
11. Pursuan	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes	s, the above-named corus	pration submits this statement for the purpose	o changing its	re jistered
office or	registered agent, or both, in the State of im familiar with, and accapt the obligation	f ≧lorida. Such change was aι t	thorized by the corporatio	n's board of directors. I hereby accept the app	pointment as reg	gistered
SIGNATURE				DATE		
	Signature, typed or printed name of registered agent a	- 	Registered Agent signature required		AIJD DIRECTO	
12.	Signature, lyped or printed name of registered agent a	- 	Registered Agent signature required 13. 11 TITLE	ADDITIONS/CHANGES TO OFFICERS	AIND DIRECTO	RS: IN 12
	Signature, typed or printed name of registered agent and C FFICERS AND	DIRECTORS DELETE	13.			RS: IN 12
12.	Signature, typed or printed name of registered agent at CFFICERS AND PAGE 14A FERVI	DIRECTORS DELETE	13.			RS IN 12
12. TITLE NAME	Signature, typed or printed name of registered agent in CFFICERS AND PALEIDA FERNING 3241 NW . 17 5	DIRECTORS DELETE	13. 11 TITLE 1.2 NAME			RS IN 12 SO
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent at CFFICERS AND PAGE 14A FERVI	DIRECTORS DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent. C FFICERS AND P ALEIDA FERM 3241 NW . 17 5 7 1000 1000 1000 1000 1000 1000 1000 1	DIRECTORS DELETE AND E > 33100	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP		☐ Change	RS IN 12 PRODUCTION Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent as CFFICERS AND PALEIDA FERNI 3241 Nui . 17 5 m. rom: -FC. ANTONIO J. FER 3241 NW . 17	DIRECTORS DELETE ANDE > 33/20 DELETE 2NANDE > 57.	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or punted name of registered agent as CFFICERS AND PALEIDA FERNI 3241 NW . 17 5 miromi - Fel. ANTONIO J. FEI 3241 NW . 17 miromi - Fel.	DIRECTORS DELETE 1317 DELETE 2 NANGE > 51. 33125 DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	☐ Change	RS: IN 12 Addition Addition Addition
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14. Thereby 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 cer ify 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 pustee empowered to execute this report as required by Chapter 6.07. 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/9/99 325-261,0802