

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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M61349

(0)

1. Corporation Name
CUSTOM MARINE WORKS, INC.

Principal Place of Business
3704 N.W. 82ND STREET
MIAMI FL 33147-2203

Principal Address
18920 N.W. 77TH CT
MIAMI FL 33015-5253

2. Principal Place of Business
21 8344 NW 103 ST.
State Capital

2a. Mailing Address
26 6661 SW 137TH CT
City and State

22 City Address
23 HIALEAH GARDENS, FL
Zip
24 33016 25 DADO 29 33183

27 UNIT-A
28 MIAMI FL
Country
30 DADO

3. Date Incorporated or Qualified
10/23/1987
3a. Date of Last Report
04/12/97
4. FEI Number
65-0009982
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 has liability for intangible tax under s. 199.032,
Florida Statutes
Yes No

9. Name and Address of Current Registered Agent
ALVAREZ, ERIK
18920 NW 77TH CT
MIAMI FL 33015

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1191 REDBIRD AVE
83
84 City
MIAMI SPRINGS FL 85 Zip Code
33166

11. Pursuant to the provisions of Chapter 607, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent as required by Chapter 607, Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PTD ALVAREZ, ERIK 18920 N.W. 77TH CT. MIAMI FL	NAME	1191 REDBIRD AVE MIAMI SPRINGS FL 33166
STREET ADDRESS	SD ALVAREZ, IRIS 18920 N.W. 77TH CT. MIAMI FL	STREET ADDRESS	1191 REDBIRD AVE MIAMI SPRINGS FL 33166
CITY AND STATE		CITY AND STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY AND STATE		CITY AND STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY AND STATE		CITY AND STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY AND STATE		CITY AND STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY AND STATE		CITY AND STATE	
ZIP		ZIP	

14. I, the undersigned, certify that the information provided in this report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an authorized officer or director of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of the report as required by Chapter 607, Florida Statutes.

SIGNATURE: *Eric Alvarez* 4/19/98 305-389-1665