FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUL -3 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N43380** **(7)**

1. Corporation Name

MARITIME RESOURCE INSTITUTE, INC.

Principal Place of Business	Mailing Address
1367 NORTHEAST 162ND STREET NORTH MIAMI BEACH FL 33162	1367 NORTHEAST 162ND STREET NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/10/1991**
3a. Date of Last Report: **10/18/1994**
4. FEI Number: **65-0253862** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PESETSKY, WALTER S.
1367 NORTHEAST 162ND STREET
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

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 (Signature of new registered agent, if applicable) (NOTE: Registered Agent signature required when amending) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CASPARI, PETER	12 NAME	
STREET ADDRESS	1367 NE 162 ST.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33162	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DUDIK, MICHAEL	22 NAME	
STREET ADDRESS	3239 W. TRADE AVE., #9	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33133	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	VAZQUEZ, ELOY	32 NAME	
STREET ADDRESS	4011 W. FLAGLER ST., STE. 505	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33134	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	FALK, JOHN HENRY	42 NAME	
STREET ADDRESS	3860 AMALFI DR.	43 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL 33021	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MCCARROL, MARIANNE	52 NAME	
STREET ADDRESS	1530 NE 18 AVE.	53 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL 33021	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CLARK, TOM L	62 NAME	
STREET ADDRESS	4327 SW 50 ST.	63 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL 33314	64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 5/1/95 305-947-0016
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR (Date) (Telephone Number)

0043744