04/27/2004 14:30 FAX 001/001

FROM : AMERICAN MARINE COVERING FAX NO. : 3058892044

4/30/2004-90274-040-$150.00-$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 10 PM 1:51

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000118317

1. Entity Name
AMERICAN MARINE COVERINGS, INC.

Principal Place of Business
1065 SE 9TH AVE
HIALEAH, FL 33010

Mailing Address
1065 SE 9TH AVE
HIALEAH, FL 33010

03182004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 1065 SE 9th Court
City & State: Hialeah, Fl 33010
Zip: 33010 Country: U.S.A

3. Mailing Address: 1065 SE 9th Court
City & State: Hialeah, Fl
Zip: 33010 Country: USA

4. FEI Number: 06-1656360 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CUDLIPP, MICHAEL P
12865 WEST DIXIE HWY.
SECOND FLOOR
NORTH MIAMI, FL 33163

7. Name and Address of New Registered Agent
Name: Daniel Keil
Street Address (P.O. Box Number is Not Acceptable): 1565 W 4th Avenue
City: Hialeah, Fl FL Zip Code: 33012

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X [signature] DATE: 4-27-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SARMIENTO, JUAN C 820 SE 12TH STREET HIALEAH, FL 33010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JORGE, SARABIA 874 SW 118 CT MIAMI, FL 33184	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 4-27-04 305-889-5355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/11/00