

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Feb 24 1997 8:00 am  
Secretary of State

DOCUMENT # **P92000011563 (3)**

1. Corporation Name  
**SEA-BARGE, INC.**



Principal Place of Business  
**2075 TALLEYRAND AVE.  
JACKSONVILLE FL 32206**

Mailing Address  
**7570 N.W. 14TH ST.  
MIAMI FL 33126-1702**

3. Date Incorporated or Qualified <b>12/11/1992</b>	3a. Date of Last Report <b>02/08/1996</b>
4. FEI Number <b>65-0395657</b>	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEJER, ALVARO L  
2600 DOUGLAS ROAD  
SUITE 1111  
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0632 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

Sign in Block 12 for principal name of registered agent, and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHEA, MD</b>	1.2 NAME	<b>HECTOR CALDERON</b>
STREET ADDRESS	<b>2075 TALLEYRAND AVE</b>	1.3 STREET ADDRESS	<b>7570 NW 14 St</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32206-0037</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33126</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROWN, TOM W</b>	2.2 NAME	<b>JORGE LORA</b>
STREET ADDRESS	<b>2075 TALLEYRAND AVE</b>	2.3 STREET ADDRESS	<b>7570 NW 14 ST</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32206-0037</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33126</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>CARLOS PERDOMO</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>7570 NW 14 ST</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>MIAMI, FL 33126</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>LUIS GONZALEZ</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>7570 NW 14 ST</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>MIAMI, FL 33126</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

*[Signature]* VP 2/13/97 305-591-2100

CR2E034 (9/96)