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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000000313 (5) DOCUMENT

FILED Apr 15 1998 8:00am Secretary of State

ITALIAN MARINE U.S.A. INC. Principal Place of Business Mailing Address 80 SW 8 ST 80 SW B ST **SUITE 2014 SUITE 2014** MIAMI FL 33130 DO NOT WRITE IN THIS SPACE MIAMI FL 33130 3. Date Incorporated or Qualified 01/12/1993 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 14 NE 1st Avenue 14 NE 1st Avenue 65-0387296 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Suite 1105-1 Suite 1105-1 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees <u> Miami Florida</u> 28 <u>Miami Florida</u> Country 8. This corporation owes or has paid the current year intangible 33132 33132 25 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 COSTABEL, ATTILIO M 80 SW 8 ST B2 Street Address (P.O. Box Number is Not Acceptable) **SUITE 2047** 83 MIAMI FL 33130 City Zip Code 11. Pursuant to the provisions office or registered agent, agent. I am facilitat visions colons 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered out in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the edition of Section 607.0505, Florida Statutes. agent. I am fa ATTILIO M. COSTABEL SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition THUE 1.1 TITLE GRAVAGNO, SEBASTIANO G CR2E034 NAME 1.2 NAME 44 BOULEVARD D'ITALIE STREET ADDRESS 1.3 STREET ADDRESS MONTE CARLO CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ANDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP TITLE ☐ DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qual indicated on this annual report or supplemental annual report is true and officer or director of the corporation or the receiver or trustee empoyared. The exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information frate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chariged, or on an attachment with a

SIGNATURE:

04/08/98

(305) 264-5387