

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90065 029 ***150.00

DOCUMENT # P93000049543

1. Corporation Name

OCEAN BAY MARINA, INC.

Principal Place of Business

**5 SEAGATE BLVD.
KEY LARGO FL 33037**

Mailing Address

**5 SEAGATE BLVD.
KEY LARGO FL 33037**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1993

4. FEI Number

65-0423100

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ 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

**GOMEZ, MAGALY
5 SEAGATE BLVD.
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent

81 Name **MIGUEL D. ALVAREZ**

82 Street Address (P.O. Box Number is Not Acceptable) **2451 S.W. 118th**

83

84 City **MIAMI** **FL** **85** Zip Code **33175**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☒ DELETE

NAME **GOMEZ, JUSTO**
STREET ADDRESS **5 SEAGATE BLVD.**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition

1.2 NAME **CARLOS L. ALVAREZ**

1.3 STREET ADDRESS **2451 S.W. 118th**

1.4 CITY-ST-ZIP **MIAMI FL 33175**

2.1 TITLE **SECRETARY TREASURER** ☐ Change ☒ Addition

2.2 NAME **MIGUEL ALVAREZ**

2.3 STREET ADDRESS **2451 S.W. 118th**

2.4 CITY-ST-ZIP **MIAMI FL 33175**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99 (305) 451-3109

CR2E034 (11/98)