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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90225 048 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000069356

1. Corporation Name

MARINO TRANSPORTATION SERVICES, INC.

Principal Place of Business
2500 EISENHOWER BLVD
PORT EVERGLADES FL 33316

Mailing Address
P. O. BOX 350156
FT. LAUDERDALE FL 33335
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1993

4. FEI Number

65-0442255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

VOINOV, IADRANGA B
501 THREE ISLANDS BLVD.
SUITE 317
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

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 607.0502 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

Adrianne B. Voinov
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-99

12. OFFICERS AND DIRECTORS

TITLE PST
NAME BAKALLAN, ARAM
STREET ADDRESS 54 ISLE OF VENIEE
CITY-ST-ZIP FT. LAUDERDALE FL
☒ DELETE

TITLE DST
NAME DONOVAN, GERALD
STREET ADDRESS 500 VILLAGE GREEN CIR.
CITY-ST-ZIP PALM SPGS. FL
☒ DELETE

TITLE VP
NAME IADRANGA B VOINOV
STREET ADDRESS 501 THREE ISLANDS BLVD
CITY-ST-ZIP HALLANDALE FL 33009
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.V.P.
1.2 NAME IADRANGA B VOINOV
1.3 STREET ADDRESS 501 THREE ISLANDS BLVD
1.4 CITY-ST-ZIP HALLANDALE, FL 33009
☐ Change ☒ Addition

2.1 TITLE T.S.D.
2.2 NAME DANIEL MARINO
2.3 STREET ADDRESS 201 SE 2nd Ave
2.4 CITY-ST-ZIP Pompano Beach, FL 33060
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Adrianne B. Voinov
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-26-99 / KR/462-6227
Daytime Phone #

CR2E034 (11/98)