FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 7-10-95 B-7131-C

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

FILED
95 JUL 10 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000000627 (7)

1. Corporation Name
NAUTICAL KNOWLEDGE, INC.

Principal Place of Business	Mailing Address
~~C/O ACCOUNTING & BUSINESS CONSULTANTS~~ ~~700 E. BROWARD BLVD. STE. 302~~ ~~FORT LAUDERDALE FL 33301~~	C/O ACCOUNTING & BUSINESS CONSULTANTS 700 E. BROWARD BLVD. STE. 302 FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/04/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 757 S.E. 17th St.
Suite, Apt. #, etc.
22: #189
City & State
23: Ft. Lauderdale, Fl.
Zip: 24: 33316
Country: 25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip: 29:
Country: 30:

4. FEI Number: 65-0461334 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~PENA, EDUARDO~~
~~5100 ISLAND BLVD.~~
~~STE. 22~~
~~WILLIAMS ISLAND FL~~

10. Name and Address of New Registered Agent

01 Name:
02 Street Address (P.O. Box Number is Not Acceptable): 757 S.E. 17th Street, #189
03:
04 City: Ft. Lauderdale, FL 05 Zip Code: 33316

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	1.1 TITLE	☐ Change ☐ Addition
NAME	~~PENA, WILLIAM~~	1.2 NAME	Pena, Eluardo
STREET ADDRESS	~~P.O. BOX 161~~	1.3 STREET ADDRESS	757 S.E. 17th St., #189
CITY-ST-ZIP	~~HALLANDALE FL 33008~~	1.4 CITY-ST-ZIP	Ft. Laulerdale, Fl. 33316
TITLE	~~D~~	2.1 TITLE	☐ Change ☐ Addition
NAME	~~PENA, BARBARA~~	2.2 NAME	Pena, Barbara
STREET ADDRESS	~~P.O. BOX 161~~	2.3 STREET ADDRESS	757 S.E. 17th St., #189
CITY-ST-ZIP	~~HALLANDALE FL 33008~~	2.4 CITY-ST-ZIP	Ft. Laulerdale, Fl. 33316
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: Eduardo Pena Eduardo Pena 7-05-95
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0209181 CR