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

DOCUMENT # **P9400006028** 1. Corporation Name

HORTEN MARITIME, INC.

Principal Place of Business 15055 NW 7TH AVE. **MIAMI FL 33168**

2. Principal Place of Business

Mailing Address

15055 NW 7TH AVE. MIAMI FL 33168

2a. Mailing Address

26

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90036 002 ***150.00



Applied For

Not Applicable

DO NOT	WRITE	IN THIS	SPACE
001101	****		9.70

3. Date Incorporated or Qualifed

01/14/1994

65-0461795

4. FEI Number

Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A			
22		27				<u> </u>	Fee Re	quirea	
City & State	9	City & State			6. Election Campaign Financing		\$5.00	•	
23		28			Trust Fund Contribution	<u> </u>	Added to	o Fees	
Zip	Country	Zip	Country	-	8. This corporation owes the curr	ent year Inta		_	
24	25	29	30		Personal Property Tax.		☐ Yes	□ No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered .	Agent		
			81	Name					
WEITZMAN, JACK L 11420 SW 109TH RD. MIAMI FL 33176			92	82 Street Address (P.O. Box Number is Not Acceptable)					
			02	62 Street Address (F.O. Box Hornost is Not Acceptable)					
			83	83					
			<u> </u>				1	<u> </u>	
			84	City		FL	85 Zip C	9D06	
44 5	to the provisions of Sections 607.0502	and 607 1509. Florida Statutos	the above	p-named come	pration submits this statement for the	nurnose of	changing its	registered	
office or re	egistered agent, or both, in the State o	f Florida. Such change was aut	tnorized by	the corporatio	n's board of directors. I hereby accep	the appoi	ntment as reg	gistered	
agent. I ar	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statutes	i.					
SIGNATURE						DATE			
	Signature, typed or printed name of registered agent			nt signature required	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12	
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OF	I IOLINO / III	Change	Addition	
TITLE	DP	DELETE							
NAME)	ATHOS, JAMES		1.2 NAME	ļ					
STREET ADDRESS	15055 NW 7TH AVE.		1.3 STREE	TADDRESS					
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-ZIP				FT Address	
TITLE	DST	☐ DELETE	2.1 TITLE	ļ			Change	☐ Addition	
NAME	GIANNAKOPOULOS, ELIAS		2.2 NAME	i					
STREET ADDRESS	15055 NW 7TH AVE.		2.3 STREE	T ADDRESS					
CITY-ST-ZIP	MIAMI FL 33168		2.4 CITY-5	ST-ZIP	<u>. </u>				
TITLE	***	DELETE	3.1 TITLE		-1.		☐ Change	☐ Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADDRESS					
1			3.4. CITY-5	j					
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	5)-Zir			Change	☐ Addition	
1			4. 2 NAME						
NAME				TADDRESS					
STREET ADDRESS	i '		1						
CITY-ST-ZIP		DELETE	5.1 TITLE	51-ZIP			Change	Addition	
TITLE			5.1 IIILE 5.2 NAME	1			المرابع ال		
NAME			1	TADDRESS					
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP	·		5.4 CITY-8	ST-ZIP			F3.65	□ ∧ ⊒⊒3;	
TITLE	,	☐ DELETE	6.1 TITLE	1			Change	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	TADDRESS					
CITY+ST-7IP			6.4 CITY-5						
44 Lhoroby	certify that the information supplied wit on this annual report or supplemental	h this filing does not qualify for	the exemp	tion stated in S	ection 119.07(3)(i), Florida Statutes.	I further ce	tify that the i	nformation	

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: