

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 10:15

DOCUMENT # P94000010587 (1)

1. Corporation Name

D.P. MARINE INTERNATIONAL, INC.

Principal Place of Business

629 N.W. 1ST ST.
FT. LAUDERDALE FL 33311

Mailing Address

629 N.W. 1ST ST.
FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/03/1994
3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

ZIP

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

ZIP

29

Country

30

4. FEI Number

65-0514-415

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May 6e
Added to Fees

8. This corporation has liability for intangible tax under s. 199.036,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DORGAMBIDE, JEAN H
829 N.W. 1ST ST.
FT. LAUDERDALE FL 33311

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

Signature (typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D

DORGAMBIDE, JEAN H
829 N.W. 1ST ST.
FT. LAUDERDALE FL

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

☐ 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 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DORGAMBIDE JEAN

6/7-95(305)5630360