

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000016772 (3)

1. Corporation Name

AVANZA MARINE CORP.

Principal Place of Business

4910 N.E. 11TH AVE.
SUITE #10
OAKLAND PARK FL 33334
US

Mailing Address

5507 TOURAINE DR.
TALLAHASSEE FL 32308
US



2. Principal Place of Business

21 5507 TOURAINE DR
Suite, Apt. #, etc.

22 City & State

23 Tallahassee, FL

24 Zip

32308

Country

25 LEON

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.1505, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Service of Process

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WHITE, TAMMY L
STREET ADDRESS 4910 N.E. 11TH AVE SUITE #10
CITY-STATE-ZIP OAKLAND PARK FL

TITLE D
NAME TRAMELL, DOUGLAS W.
STREET ADDRESS 5507 TOURAINE DR.
CITY-STATE-ZIP TALLAHASSEE FL

TITLE PRES
NAME LINDA TRAMELL
STREET ADDRESS 5507 TOURAINE DR
CITY-STATE-ZIP TALLAHASSEE, FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-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)(b), 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 resident 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:

Linda TrameLL (LINDA TRAMELL)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/96 901-656-0596

CR2E034 (12/95)