

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000016774 (9)

1. Corporation Name

C&B MARINE VENTURES, INC.



Principal Place of Business

9330 BALADA ST.
CORAL GABLES FL 33156

Mailing Address

9330 BALADA ST.
CORAL GABLES FL 33156

3. Date Incorporated or Qualified
03/02/1994

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

21. Suite, Apt. #, etc.
22. City & State
23. Zip

2a. Mailing Address

26. Suite, Apt. #, etc.
27. City & State
28. Zip

4. FEI Number

65-0474817

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDERSON, BETTY C
9330 BALADA ST
CORAL GABLES FL 33156

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 607.1528, 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 of person providing information and the state agent

Signature of Agent (signature required after 5/1/97)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

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2. NAME

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2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

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3. STREET ADDRESS

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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. For an attorney's consent with an address.

SIGNATURE:

Betty C Anderson (BETTY C ANDERSON)

1/26/96

305.661.2507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #

CR2E034 (12/95)