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**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT #          | P94000021593 | (6) |
|---------------------|--------------|-----|
| 1. Corporation Name |              |     |

## MARINE & INDUSTRIAL GROUP, INC.

Mailing Address Principal Place of Business 6991 N.W. 82ND AVE. 6991 N.W. 82ND AVE BAY 4 BAY 4 MIAM! FL 33166 3a. Date of Last Report MIAMI FL 33166 3. Date Incorporated or Qualified 05/01/1995 03/21/1994 Applied For 4. FEI Number 2a. Ma'ling Address 2. Principal Place of Business Not Applicable 65-0475018 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State  $\Gamma$ Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s 199.032, Country Zip Country Zip Yes No 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 CEARRA, JUAN B 20938 S.W. 124TH AVE. 83 MIAMI FL 33177 Zip Code R4 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, typed or privited name of registered agent and title it applicable (NOTE: Registered Agent signature registered when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ☐ Change DELETE 1 1 TITLE **PSTD** TITLE 1,2 NAME CEARRA, JUAN B NAME 1.3 STREET ADDRESS 20938 S.W. 124TH AVE. STREET ADDRESS 14 CiTY - ST - ZIP MIAMI FL 33177 CITY-ST-ZIP Charige Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY - ST- ZIP CITY - ST - ZIP Change Addition DELETE 3. 1 TITLE TITLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-SY-7IP Addition Change []] DELETE 4. 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHY-ST-ZIP Addition [T] Change DELETÉ 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY-ST-7iP CITY-S1-ZIP Addition Change DELETE 6. 1 THEE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 4 CITY - S1 - 7IP 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 cath; that I am an officer or director of the corporation or the receive or trustice improvement to execute this report as required by Chapter 607, Florida Statutes; and that my name

appears in Block 12 or Block 1;

ER OR DIRECTOR SIGNATURE AND TYPED O

(12/95)CR2E034