1 1121	- NOW. TILING F	EE ALIEN	MINT 1 12	\$2 2 5.00			
	PROFIT		LORIDA DEPART	MENT OF STATE			
	CORPORATION Sandra B. N ANNUAL REPORT						
Ĭ	7.9		Secretary	of State			
	1996	5 1 1 5 C	DIVISION OF CO				
DOCUI 1. Corporation	MENT # P9400 Undersea E	2002791	13 (0))			
	Undersea E	xplorat	ions, Ir	nč.			
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Principal Place	e of Business	Mailing A	Address				
West D	agall Circle Magall Circle Mar Beach, FL	2102	chagai	1 Circle			
, ,	33409	West	raimbe	1 Circle Cach, FL			
				33409	3. Date Incorporated or Qualified 04/10/1994	3a. Date of Last Report	
2. Principal Pi	lace of Business	<u> </u>	ng Address		4. FEI Number	Applie	d For
Suite, Apt.	#. etc.	26 Suite	, Apt. #, etc.		65-0480715		plicable
22		27	, г. фт. и, 616.		5. Certificate of Status Desired	\$8.75 Addi	
City & State	e	 	State		6. Election Campaign Financing	\$5.00 May	
Zip	Country	28 Zip		Country	Trust Fund Contribution 8. This corporation has liability for its	Added to Fi	es
24 j	25	29		30	Florida Statutes Yes	Riangible lax under s 199	9 032.
	9. Name and Address of C			81 Name	10. Name and Address of New Re	gistered Agent	
Be	ros, Gregori 62 Chagau 1est Palm Beo	1			(D.O. B W		
210	02 Chagau	Circle		51.50,11.50	ress (P.O. Box Number is Not Acceptab	ile)	
W	est falm bec	ich, FL3	33409	83			
		·	1	84 City		FL 85 Zip Cod	e
11. Pursuant office or r	to the provisions of Sections 60	07.0502 and 607.150	8. Florida Statute:	s, the above-named cor	poration submits this statement for the p		gisterea
20001 1-	or formillar with a second	Diale of Folia, Jul					
1	m familiar with, and accept the	obligations of, Secti	ion 607.0505. Flor	uthorized by the corpora ida Statutes	poration submits this statement for the patients board of directors. I hereby acceptions	ot the appointment as reg	istered
SIGNATURE	Signature typed or printed name of register		ion 607.0505. Flor	rida Statutes.	monts doard or directors. Thereby accep	ot the appointment as reg	stered
SIGNATURE .	Signature, typical or printed name of register		on 607.0505. Flor	Registered Agent signature required 13.	monts doard or directors. Thereby accep	DATE DATE	Islered
SIGNATURE	Signature typed or printed name of register OFFICER	ered agent and little if applications	on 607.0505. Flor	Registered Agent signature required 13.	ured when reinstating)	DATE DATE CERS AND DIRECTORS IN	N 12 Addition
SIGNATURE	Signature typod or printed name of registres OFFICEF BELOS GERANI	ered agent and litte if applicates AND DIRECTORS	on 607.0505. Flor	Registered Agent signature required 13.	ured when reinstating)	DATE DATE CERS AND DIRECTORS IN	N 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature typed or printed name of register OFFICER	ered agent and litte if applicates AND DIRECTORS	On 607.0505. Flor	Registered Agent signature required 13. 1 1 ITTLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY-ST-ZIP	ured when reinstating)	DATE DATE CERS AND DIRECTORS IN	Islered
SIGNATURE	Signature typod or printed name of registres OFFICEF BELOS GERANI	ered agent and litte if applicates AND DIRECTORS	on 607.0505. Flor	Registered Agent signature required 13. 1 1 liftle 1 2 NAME 1 3 STREET ADDRESS 1 4 DITY-ST-ZIP 2 1 liftle	ured when reinstating)	DATE DATE ERS AND DIRECTORS IF	N 12 Addition
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