

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000028579 (8)

1. Corporation Name

MARITIME BUREAU OF AMERICA, INC.

Principal Place of Business

2121 PONCE DE LEON BLVD.
SUITE 725
CORAL GABLES FL 33134

Mailing Address

2121 PONCE DE LEON BLVD.
SUITE 725
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1994

4. FEI Number

65-0506101

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

BUSTAMANTE, ALBERT
2121 PONCE DE LEON BLVD.
SUITE 725
CORAL GABLES FL 33134

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PADILLA, JAVIER
STREET ADDRESS 2121 PONCE DE LEON BLVD., SUITE 725
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VTD
NAME PADILLA BONILLA, RAUL R
STREET ADDRESS 2121 PONCE DE LEON BLVD., SUITE 725
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE SD
NAME PADILLA, JOSE
STREET ADDRESS 2121 PONCE DE LEON BLVD., SUITE 725
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

000002635260

-09/09/98--01047--019

***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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

CRZE034 (5/98)



Maritime Bureau of America, Inc.

2121 Ponce de Leon Boulevard, Suite 725
Coral Gables, FL 33134, U.S.A.
Telephone: (305) 443-4347
Fax: (305) 443-5338

Annual Reports Filings
Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314

Subject: 1998 PROFIT CORPORATION ANNUAL REPORT
DOCUMENT # P94000028579 (8)

Dear Sir or Madame:

We hereby file our 1998 annual report.

As we never received the first notice we are enclosing our check for \$150.00.

Thank you.

Yours truly,