FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000031184 (2)**

1. Corporation Name

E & L MARINE, INC.

Principal Place of Business	Mailing Address
6707 SW 144TH STREET MIAMI FL 33158	6707 SW 144TH STREET MIAMI FL 33158

3. Date Incorporated or Qualified: **04/25/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 16080 SW 89 AVE RD	26 16080 SW 89 AVE RD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI FL	28 City & State: MIAMI FL
24 Zip: 33157 25 Country	29 Zip: 33157 30 Country

4. FEI Number: **65-0484788** ☐ 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

GORRA, EGBERT A
6707 SW 144TH STREET
MIAMI FL 33158

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 16080 SW 89 AVE RD

83

84 City: MIAMI FL 85 Zip Code: 33157

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: EGBERT A. GORRA — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	GORRA, EGBERT A		1.2 NAME		
STREET ADDRESS	6707 SW 144TH STREET		1.3 STREET ADDRESS	16080 SW 89 AVE RD	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	GORRA, EGBERT A JR		2.2 NAME		
STREET ADDRESS	6707 SW 144TH STREET		2.3 STREET ADDRESS	16080 SW 89 AVE RD	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI FL 33157	
TITLE	TD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	GORRA, LISSETTE M		3.2 NAME		
STREET ADDRESS	6707 SW 144TH STREET		3.3 STREET ADDRESS	16080 SW 89 AVE RD	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI FL 33157	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: EGBERT A. GORRA — JAN 24 1996 — (305) 251-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #