FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Mar 27 1998 8:00am

Secretary of State

A TROUBORY AND INSTAURANT AND A BOOK BOOK DOWN DOWN DOWN THE PRINCE HERE HE WAS A REAL FROM THE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400031924 (1)

INTERNATIONAL MARITIME GROUP, INC.

Principal Place	of Business	Mailing Address		(1001/001 110 101/1 0(E1) 0E1/1 00/11 00/11 00/10 110/1 10/12 10/12 10/12 10/12 10/14
1390 S DIXIE	HWY	1390 S DIXIE HWY		
2114	40 B. 44.44	2114	01.10	DO NOT WRITE IN THIS SPACE
CORAL GABL	ES FL 33146	CORAL GABLES FL 3	3146	
				3. Date Incorporated or Qualified 04/25/1994
`	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0497675 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22		27		Fee Required
City & State	9	City & State		6. Election Campaign Financing\$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	ent Hegistered Agent	81 Nam	10. Name and Address of New Registered Agent
	C GARVEY, DOUGLAS H		Nam	e
1390 S DIXIE HWY			82 Stree	et Address (P.O. Box Number is Not Acceptable)
211				
CO	RAL GABLES FL 33146		83	
			84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sertions (07.050) and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered/lightly or polity, 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.				
office or registered light 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				
SIGNATURE	Stor are typed or primed name of registered a	gent and title if applicable (N	VOTE: Registered Agent signals	ure required when reinstating] DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	/□ DELETE	1.1 TITLE	Change Addition
NAME	MAC GARVEY, DOUGLAS H		1.2 NAME	
STREET ADDRESS	1717 N BAYSHORE DR STE	2554	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132		1.4 City-St-ZiP	
TITLE		☐ DELETE	21 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	s
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	s
CITY-ST-ZIP			3 4. CITY - ST - ZIP	
TITLE		☐ DELETE	4 1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	5
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	ş
CITY-ST-ZIP			5.4 CiTY - ST - ZiP	
TITLE		DELETE	61 TITLE	Change Addition

14. I hereby certify that the information supplied with this filling 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 of 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 by the receiver or vustee 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, it is not a state of the corporation of the corpo

6.3 STREET ADDRESS

6.2 NAME