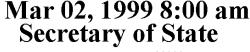
## **FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90053 021 \*\*\*\*\*8.75 03-02-1999 90053 022 \*\*\*150.00

5. Certifcate of Status Desired

\$8.75 Additional



1. Corporation Name TECHNO MARINE CORP.	0000+1400				
Principal Place of Business	Mailing Address		(1) 8(80) (10) 8185 819 819 817 1941		
9735 NW 52 ST SUITE 115 MIAMI FL 33178	9735 NW 52 ST SUITE 115 MIAMI FL 33178	DO NOT WRITE IN THIS SPACE			
US	US	<ol> <li>Date Incorporated or Qualified 06/02/1994</li> </ol>			
2. Principal Place of Business	2a, Mailing Address	4. FEI Number	Applied For		
11	26	65-0496370	Not Applicable		

Suite, Apt. #, etc.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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

**PROFIT** 

'CORPORATION

ANNUAL REPORT

1999

Suite, Apt. #, etc.

DOCUMENT # POACCOCA1455

2		27			1 co requios	
City & S	State	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country 25	Zip 29	Cour	ntry	8. This corporation owes the current year Intangible Personal Property Tax.	
	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Registered Agent	
F.S	SPARRAGOZA, IVAN					
9735 NW 52 ST SUITE 115 MIAMI FL 33178			82	2 Street Address (P.O. Box Number is Not Acceptable)		
				83		
				84	City 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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	ogistered Agent signature requ	uired when reinstating)	DATE				
12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFF					
TITLE	PD □ DELETE	1,1 TITLE		☐ Change	☐ Addition			
NAME	ESPARRAGOZA, IVAN	1.2 NAME						
STREET ADDRESS	9735 NW 52 ST # 115	1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		•				
TITLE	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition			
NAME		2.2 NAME						
STREET ADDRESS		2.3 STREET ADDRESS						
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			<u> </u>			
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						
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	☐ DELETE	5.1 TITLE		☐ Change	Addition			
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADORESS						
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			ļ			
CITY-ST-ZIP		6.4 CITY-ST-ZIP						

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, with all other like empowered.

OIWIUM SEE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO