

CORPORATION
ANNUAL REPORT
1995

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APPROVED
AND
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DOCUMENT # **P94000045435 (2)**

INTERNATIONAL MARINE MANAGEMENT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200 SOUTH BISCAYNE BLVD. SUITE 4815 MIAMI FL 33131		200 SOUTH BISCAYNE BLVD. SUITE 4815 MIAMI FL 33131		DO NOT WRITE IN THIS SPACE	
1. Principal Place of Business 21 2246 SE. 17th Street		2a. Mailing Address 26 2246 S.E. 17th Street		3. Date Incorporated or Chartered 06/17/1994	
22 State Apt. # etc. 23 City & State FORT LAUDERDALE, FL.		27 State Apt. # etc. 28 City & State FORT LAUDERDALE, FL.		4. FEI Number 65. 04 99176	
24 Zip 33316		25 Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
29 Zip 33316		30 Country USA		6. Election Campaign Financing Third Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SALUSSOLIA, PIERO FIRST UNION FINANCIAL CENTER 200 S. BISCAYNE BLVD. #4815 MIAMI FL 33131				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address, Apt. Box Number or Post Office Address	
				83	
				84 City	
				FL 85 Zip Code	
11. Pursuant to the provisions of Sections 130.01 and 130.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 a resident of and accept this appointment as set forth in Florida Statutes.					
SIGNATURE OF _____					
12. ADDITIONAL REGISTERED OFFICES					
NAME D BEAUMELOU, OLIVIER 20 RUE ROSTAN 06600 ANTIBES FRANCE		13. ADDITIONAL REGISTERED AGENTS			
		1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP CODE			
		6. NAME 7. STREET ADDRESS 8. CITY 9. STATE 10. ZIP CODE			
		11. NAME 12. STREET ADDRESS 13. CITY 14. STATE 15. ZIP CODE			
		16. NAME 17. STREET ADDRESS 18. CITY 19. STATE 20. ZIP CODE			
		21. NAME 22. STREET ADDRESS 23. CITY 24. STATE 25. ZIP CODE			
		26. NAME 27. STREET ADDRESS 28. CITY 29. STATE 30. ZIP CODE			
		31. NAME 32. STREET ADDRESS 33. CITY 34. STATE 35. ZIP CODE			
		36. NAME 37. STREET ADDRESS 38. CITY 39. STATE 40. ZIP CODE			
14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.02, Florida Statutes. I further certify that the information submitted 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. I agree to allow disclosure of this information to the extent or to those persons specified in section 130.02, Florida Statutes, and that my name appears on Block 1 of the Florida Child Support Enforcement Affidavit with an address.					
SIGNATURE: <i>Oliver Beauvelou</i> 29 APR 1995 (25) K39841					