FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

CORPORATION
ANNUAL REPORT
1995

APPROVED
AND
FILED

95 MAY 23 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000051722 (4)

1. Corporate Name
GLOBAL MANAGEMENT ENTERPRISES, INC.

Principal Place of Business
7840 N.W. 185TH STREET
MIAMI FL 33015

Mailing Address
7840 N.W. 185TH STREET
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # or — 22
Suite Apt. # or — 27
City & State — 23
City & State — 28
Zip — 24
County — 25
Zip — 29
County — 30

4. FEI Number: 65-0505207
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

LOPEZ, LEONEL
7840 N.W. 185TH ST.
MIAMI FL 33015

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 the 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
(If changing Registered Agent, New Registered Agent must sign above.) (If changing Registered Agent, Former Registered Agent must sign above.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PTD	1 TITLE	☐ Change ☐ Addition
1 NAME	LOPEZ, LEONEL	1 NAME	
1 STREET ADDRESS	7840 N.W. 185TH ST.	1 STREET ADDRESS	
1 CITY ST ZIP	MIAMI FL 33015	1 CITY ST ZIP	
2 TITLE	SVD	2 TITLE	☐ Change ☐ Addition
2 NAME	LOPEZ, AURA	2 NAME	
2 STREET ADDRESS	7840 N.W. 185TH ST.	2 STREET ADDRESS	
2 CITY ST ZIP	MIAMI FL 33015	2 CITY ST ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY ST ZIP		3 CITY ST ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

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)(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 above, or on an attachment with an address.

SIGNATURE: [signature] 5/19/95 305-556-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

000638 CP

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[illegible] 95 MAY 22 PM 10:15

[illegible] OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
(904)487-6053

DOCUMENT # **P94000051725 (7)**

1. Current Name
SCOP BOAT WORKS, INC.

Principal Place of Business	Mailing Address
3716 S. DIXIE HWY STUART FL 34997	3716 S. DIXIE HWY STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/13/1994**
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. # or P.O. Box (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: **65-0517102** ☐ 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. 199.052, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCOPINICH, PAUL **3716 S. DIXIE HWY.** **STUART FL 34997**	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: (If changing registered agent, registered agent must sign.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if)	
01 TITLE	D	01 TITLE	D, P, VP ☐ Change ☒ Addition
01 NAME	SCOPINICH, PAUL	01 NAME	
01 STREET ADDRESS	3716 S. DIXIE HWY.	01 STREET ADDRESS	
01 CITY, ST, ZIP	STUART FL 34997	01 CITY, ST, ZIP	
02 TITLE		02 TITLE	☐ Change ☐ Addition
02 NAME		02 NAME	
02 STREET ADDRESS		02 STREET ADDRESS	
02 CITY, ST, ZIP		02 CITY, ST, ZIP	
03 TITLE		03 TITLE	☐ Change ☐ Addition
03 NAME		03 NAME	
03 STREET ADDRESS		03 STREET ADDRESS	
03 CITY, ST, ZIP		03 CITY, ST, ZIP	
04 TITLE		04 TITLE	☐ Change ☐ Addition
04 NAME		04 NAME	
04 STREET ADDRESS		04 STREET ADDRESS	
04 CITY, ST, ZIP		04 CITY, ST, ZIP	
05 TITLE		05 TITLE	☐ Change ☐ Addition
05 NAME		05 NAME	
05 STREET ADDRESS		05 STREET ADDRESS	
05 CITY, ST, ZIP		05 CITY, ST, ZIP	
06 TITLE		06 TITLE	☐ Change ☐ Addition
06 NAME		06 NAME	
06 STREET ADDRESS		06 STREET ADDRESS	
06 CITY, ST, ZIP		06 CITY, ST, ZIP	

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)(i), Florida Statutes. I further certify that the corporation named on the 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 with an address.

SIGNATURE: [signature] 5/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

772-286-3111
(Daytime Phone #)

0381600 CP