

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000054234 (7)

1. Corporation Name

M.A.S. MARINE ENTERPRISE INC.

Principal Place of Business

Mailing Address

7025 NW 41ST STREET
MIAMI FL 33166

7025 NW 41ST STREET
MIAMI FL 33166

FILED

95 JUL 14 AM 11:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/20/1994

4. FEI Number

Applied For

65-0511809

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election of Corporate Form

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 178 MACARTHUR CAUSEWAY
Suite, Apt. #, etc.

26 P.O. Box 398433
Suite, Apt. #, etc.

22 City & State
23 MIAMI BEACH, FL

27 City & State
28 MIAMI BEACH, FL

24 Zip
33139

25 County
DADE

29 Zip
33239

30 County
DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAFRANEK, MARK A
11 CENTURY LANE
MIAMI BEACH FL 33139-8804

81 Name

SAFRANEK, MARK A.

82 Street Address (P.O. Box Number is Not Acceptable)

178 MACARTHUR CAUSEWAY

83

84 City

MIAMI BEACH

FL

85 Zip Code
33139

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, of 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

Mark A. Safranek

MARK A. SAFRANEK PRES.

7-10-95

(PRINT) Registered Agent Signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO THE LIST OF OFFICERS AND DIRECTORS

TITLE	P
NAME	SAFRANEK, MARK A
STREET ADDRESS	11 CENTURY LANE
CITY, ST, ZIP	MIAMI BEACH FL 33139-8804
TITLE	V
NAME	SAFRANEK, NICOLE N
STREET ADDRESS	11 CENTURY LANE
CITY, ST, ZIP	MIAMI BEACH FL 33139-8804
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	SAFRANEK, MARK A.	
1.3 STREET ADDRESS	13624 NW 1ST AVE.	
1.4 CITY, ST, ZIP	MIAMI, FL 33168	
2.1 TITLE	V	☒ Change ☐ Addition
2.2 NAME	NAVARO, JASON A.	
2.3 STREET ADDRESS	178 MACARTHUR CAUSEWAY	
2.4 CITY, ST, ZIP	MIAMI BEACH, FL 33139	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 1.19 (2)(b), 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 in an attachment with an address.

SIGNATURE:

Mark A. Safranek

MARK A. SAFRANEK

7-10-95

305-558-1187

(PRINT) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR