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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000076280

1. Corporation Name  
RIVER MARINE SERVICE, INC.

Principal Place of Business  
2260 NW NORTH RIVER DR DOCK E  
MIAMI FL 33125

Mailing Address  
2260 NW NORTH RIVER DR DOCK E  
MIAMI FL 33125

2. Principal Place of Business  
21 613 SW 12<sup>th</sup> CT

2a. Mailing Address  
26 613 SW 12<sup>th</sup> CT

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State  
FORT LAUDERDALE, FL

28 City & State  
FORT LAUDERDALE FL

24 Zip 33315 Country US

29 Zip 33315 Country US

9. Name and Address of Current Registered Agent

LEROUX, PIERRE  
2260 NW NORTH RIVER DR DOCK E  
MIAMI FL 33125

81 Name LEROUX PIERRE  
82 Street Address (P.O. Box Number is Not Acceptable)  
613 SW 12<sup>th</sup> CT  
83  
84 City FORT LAUDERDALE FL Zip Code 33315

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D LEROUX, PIERRE 2260 NW NORTH RIVER DR DOCK E MIAMI FL 33125	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP D LEROUX PIERRE 613 SW 12 <sup>th</sup> CT FORT LAUDERDALE FL 33315
TITLE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
NAME		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/99 954-683-2046  
Daytime Phone #

CR2E034 (11/98)

0572147