

FILED
Jun 18, 1999 8:00 am
Secretary of State

06-18-1999 90005 016 ***150.00

08-09-1999 90004 048 ***400.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000090060

1. Corporation Name
MARTINOLI SHIPMANAGEMENT, INC.

Principal Place of Business
1420 BRICKELL BAY DRIVE
#1102
MIAMI FL 33131
US

Mailing Address
80 SW 8TH STREET
MIAMI FL 33130
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1994

4. FEI Number

65-0539816

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UMBERTO SAMPIERO
80 SW 8TH ST.
MIAMI FL 33182

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME **P MARTINOLI, ROBERTO**STREET ADDRESS **80 SW 8TH ST.**CITY-ST-ZIP **MIAMI FL**TITLE ☐ DELETENAME **S SAMPIERO, UMBERTO**STREET ADDRESS **80 SW 8TH ST.**CITY-ST-ZIP **MIAMI FL**TITLE ☐ DELETENAME **T POLO, SARA**STREET ADDRESS **80 SW 8TH STREET**CITY-ST-ZIP **MIAMI FL**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-99

(305) 377-4510

Date

Daytime Phone #

CR2E034 (11/98)

MARTINOLI SHIPMANAGEMENT, INC.

CHECK

4091

OUR REF NO.	YOUR INVOICE NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
DOCUMENT # P94000090060 FEI # 65-0539816		MARTINOLI SHIPMANAGEMENT, INC. ANNUAL REPORT 1999				\$ 150.00

60212590001-48
P94000090060

FIRST UNION NATIONAL BANK
OF FLORIDA
MIAMI, FL 33131

4091

MARTINOLI SHIPMANAGEMENT, INC.

80 S.W. 8TH STREET
MIAMI, FL 33130

63-643/670-539

CHECK

DATE CONTROL NO. AMOUNT
06-10-99 \$ 150.00

PAY ONE HUNDRED AND FIFTY DOLLARS WITH 00/100
TO THE ORDER OF FLORIDA DEPARTMENT OF STATE
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

SP
AUTHORIZED SIGNATURE

⑈004091⑈ ⑆067006432⑆2090000770856⑈

MARTINOLI SHIPMANAGEMENT, INC.

OUR REF NO.	YOUR INVOICE NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT

CHECK

RETAIN FOR YOUR RECORDS

4091