

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000006157 (8)

1. Corporation Name

CARIBBEAN MARINE OPERATORS, INC.



Principal Place of Business

Mailing Address

1635 N.W. 176TH STREET  
NORTH MIAMI BEACH FL 33162

1635 N.W. 176TH STREET  
NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified

01/20/1995

3a. Date of Last Report

4. FEI Number

59-3295208

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PANTOJA, RICARDO J  
1635 N.W. 176TH STREET  
NORTH MIAMI BEACH FL 33162

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 of Registered Agent or Registered Agent in Charge)

(NOTE: Registered Agent's Signature is required when not stated)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME PANTOJA, RICARDO J  
STREET ADDRESS 1635 N.W. 176TH STREET  
CITY, ST, ZIP NORTH MIAMI BEACH FL 33162

☐ DELETE

\* 1 TITLE ☐ Change ☐ Addition

TITLE PD  
NAME PANTOJA, NANCY E  
STREET ADDRESS 1635 N.W. 176TH STREET  
CITY, ST, ZIP NORTH MIAMI BEACH FL 33162

☐ DELETE

2 1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ DELETE

3 1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ DELETE

4 1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ DELETE

5 1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ DELETE

6 1 TITLE ☐ Change ☐ Addition

2 NAME  
23 STREET ADDRESS  
24 CITY, ST, ZIP

3 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP

4 NAME  
43 STREET ADDRESS  
44 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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICARDO PANTOJA, PRESIDENT, 1-30-96 (305)947-2597

DATE

Day/State/Phone #

CR2E034 (12/95)