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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 33162-1446

3. Date Incorporated or Qualified: 01/20/1995
3a. Date of Last Report: 02/02/1996

2. Principal Place of Business
21 1635 NE 176TH STREET
Suite, Apt. #, etc. 22
City & State 23 NORTH MIAMI BEACH, FL
Zip 24 33162 Country 25

2a. Mailing Address
26 1635 NE 176TH STREET
Suite, Apt. #, etc. 27
City & State 28 NORTH MIAMI BEACH FL
Zip 29 33162 Country 30

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

9. Name and Address of Current Registered Agent
PANTOJA, RICARDO J
1635 N.W. 176TH STREET
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1635 NE 176TH STREET
83 NORTH MIAMI BEACH, FLORIDA 33162
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	PANTOJA, RICARDO J		1.2 NAME		
STREET ADDRESS	1635 N.W. 176TH STREET		1.3 STREET ADDRESS	1635 NE 176TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		1.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FLORIDA 33162	
TITLE	PD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	PANTOJA, NANCY E		2.2 NAME		
STREET ADDRESS	1635 N.W. 176TH STREET		2.3 STREET ADDRESS	1635 NE 176TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		2.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FLORIDA 33162	
TITLE		☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME			3.2 NAME	PANTOJA, EDELSY	
STREET ADDRESS			3.3 STREET ADDRESS	1635 NE 176TH STREET	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FLORIDA 33162	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME	MESER, NANCY	
STREET ADDRESS			4.3 STREET ADDRESS	1635 NE 176TH STREET	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	NORTH MIANI BEACH, FLORIDA 33162	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	PANTOJA JR, RICARDO	
STREET ADDRESS			5.3 STREET ADDRESS	1635 NE 176TH STREET	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FLORIDA 33162	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: RICARDO PANTOJA President 3-7-97 305-945-9085