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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # 1. Corporation Name

P95000009083 (3)

MARITIME WARRANTIES USA, INC.								
rinopal Place	of Business	Maling Address				AIH OOM COM IS		
	AS OLAS BLVD SUITE 1800 DALE FL 33301	200 EAST LAS OLA: FT. LAUDERDALE F		TE 1800				
					3. Date Incorporated or Qualifie 01/30/1995	3a. Date	of Last I	Report
1	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
[Suite, Apt. #	f. etc	Suite, Apt. #, etc.			65-0567898			Not Applicable
l <u></u>		27	27		5. Certificate of Status Desired			5 Additional Required
Oty & Stale	!	City & State			Election Campaign Financing Trust Fund Contribution			00 May Be
	Country	Zip	Cou	intry	This corporation has liability for			ed to Fees
	25	29]	30		Florida Statutes Y	es 🗹 No		, , , , , , , , , , , , , , , , , , , ,
	Name and Address of Curr	ent Registered Agent		84 1	10. Name and Address of New	Registered A	gent	
RRINKI E	EY, W. MICHAEL			81 Name				
	IT LAS OLAS BLVD., SUITE 18	ROO		82 Street Add	ress (P.O. Box Number is Not Accept	able)		
	DERDALE FL 33301	,,,,		83				
				04 0			7"	
				84 City	ration submits this statement for the p	Fl.	1 1	ip Code
GNATURE	Signative Typed or printed name of registered agr	et and blie it accessable (f ND DIRECTORS	NOTE Registered	Agent signature require		DATE		
uf	D	DELETE	1.11	TLE	ADDITIONS/CHANGES TO O	<u>-</u>	Change	DRS IN 12 Addition
M:	SQUIBB, MARY		1.2 NA	NME		L	o nango	Addition
REEL ADDRESS	200 EAST LAS OLAS BLVD		1.3 SI	REET ADDRESS				
Y \$1 ZIF .F	FT. LAUDERDALE FL 33301	DELFTE		TY-ST-ZIP				
Mi	FACKRELL, ROBERT	L) often	2. 1 TI 2.2 NA			<u>L</u>	Change	☐ Addition
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₹. S*-ZIP	FT. LAUDERDALE FL 33301			TY-ST-ZIP				
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vit:			3.2 NA	IME				
KEEL ADORESS				THEFT ADDRESS				
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vk			4.2 NA			L	craude	☐ Addition
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ME .		<u> </u>	6.2 NA				Shariye	☐ Addition
03 LADERESS				REET ADDRESS				
r - \$1 - 70F			6 4 01	Y - ST - ZIP				
. I do hereby certify that t coth_bot!	certify that the information supplied the information indicated on this and	i with this filing is voluntarily fur hual report or supplemental an	rnished and o nual report is	does not qualify for true and accura	or the exemption stated in Section 11 te and that my signature shall have th s report as required by Chapter 607,	9.07(3)(k), Flori e same legal e	da Statut fect as it	res. I further I made under
appears in I	ani an officer of ofector of the co.) Block 12 or Block 13 if than god or	an attachment with an add	ee empower dress.	ed to execute this	s report as required by Chapter 607,	lorida Statutes	; and th	at my name
ICAIAT4	$_{\text{upc.}}$ $V///\!\!/$	RL + U	. FACKI	061.	in Il	0.04	(954	4)
IGNAT		OR PRINTED NAME OF SIGNING OFFIC			10 February 1	7750	522-	2200

10 February 1996 (954) 522-2200