FILE NOW! FILING FEE AFTER MAY 1 IS $550

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P95000015267 (4)

1. Corporation Name
MARITIME ENTERPRISE UNLIMITED, INC.

Principal Place of Business	Mailing Address
1030 MILAN AVE. CORAL GABLES FL 33134	1030 MILAN AVE. CORAL GABLES FL 33134-3552

3. Date Incorporated or Qualified: 02/23/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Cty 30

4. FEI Number: 65-0565449 ☐ 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
MILLS, LUCIA M
5449 3RD ST
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent
1 Name
2 Street Address (P.O. Box Number is Not Acceptable)
3
4 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 Lucia M. Mills — DATE 4-28-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	FERNANDEZ, CARLOS J	
STREET ADDRESS	1030 MILAN AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	& President	☐ DELETE
NAME	MILLS, LUCIA M	
STREET ADDRESS	5449 3RD ST.	
CITY-ST-ZIP	ST. AUUSTINE FL 32084	
TITLE	Secretary	☐ DELETE
NAME	Ernest L. Costello	
STREET ADDRESS	5449 3rd St.	
CITY-ST-ZIP	St. Augustine FL 32084	
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	Secretary	☐ Change ☒ Addition
3.2 NAME	Ernest L. Costello	
3.3 STREET ADDRESS	5449 3rd St	
3.4 CITY-ST-ZIP	St. Augustine FL 32084	
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		

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: Lucia M. Mills 2-31-97 3054479780