FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000024474

NAUTICAL PARTS OF U.S.A., INC.

FILED Aug 30, 1999 8:00 am Secretary of State

08-30-1999 90012 036 ***550.00



Principal Place of Business Mailing Address						- I DESIDENT TIE SEKRY BEINS BEINS BEINS BEINS BEINS BEINS BEIN BIENS KREEL			
1590 N.W. 27TH AVENUE 1590 N.W. 27TH AVENUE									
MIAMI FL 33125 MIAMI FL 33125						2011274			
Į.					Ļ		RITE IN THIS	SPACE	
	•				ļ	 Date Incorporated or Qualifit 03/27/1995 	ea .	_	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		TS/A	pplied For
21) 26						65-0737918		<u> </u>	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.									Additional
22						5. Certificate of Status Desired			equired
City & State City & State						6. Election Campaign Financir		\$5.00	May Be
23 28						Trust Fund Contribution	a 🗆		to Fees
Zip	Country	Zip	Country	/		8. This corporation owes the c	urrent year In	tangible	
24	(25)	29 3	0			Personal Property Tax.		☐ Yes	□No
ļ	9. Name and Address of Currer	nt Registered Agent				0. Name and Address of Nev	v Registered	Agent	
COT	· VALUED		81	Nar	me	•)
COTO, XAVIER			82	Stre	eet Address	(P.O. Box Number is Not Acce	ptable)	*	
1590 N.W. 27TH AVENUE			L_	Ĺ			·		
MIAMI FL 33125			83	1					
			84	City	 _			85 Zip	Code
		1007 (500 5) 11 0		<u>L</u>			FL		
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.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO C		ID DIRECTO	DRS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	COTO, XAVIER		1.2 NAME						{
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I nereby 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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE