

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

FILED

Feb 03 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P95000033826 (5)

1. Corporation Name
AQUA MARINE INC.



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|---|--|
| Principal Place of Business 824 W. OKEECHOBEE RD. HALEAH FL 33010 | Mailing Address 824 W. OKEECHOBEE RD. HALEAH FL 33010-2912 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 05/01/1995 | 3a. Date of Last Report 05/01/1996 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 21 5850 NW 93rd St Suite, Apt. #, etc. | 2a. Mailing Address 26 5850 NW 93rd St Suite, Apt. #, etc. |
|---|--|

| | |
|------------------------------------|--|
| 4. FEI Number 65-0584048 | Applied For <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------------|--|

| | |
|----|------------------------------------|
| 22 | City & State Hialeah, FL |
|----|------------------------------------|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

| | |
|----|------------------------------------|
| 23 | City & State Hialeah, FL |
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|---|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

| | | | |
|----|---------------------|----|------------------------|
| 24 | Zip 33015 | 25 | Country Dade |
|----|---------------------|----|------------------------|

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|--|
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|

| | | | |
|----|---------------------|----|------------------------|
| 29 | Zip 33015 | 30 | Country Dade |
|----|---------------------|----|------------------------|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORLA, RONALD
4110 NW 135 ST
MIAMI FL 33054

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|---|
| TITLE | PSTD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORLA, RONALD | 1.2 NAME | |
| STREET ADDRESS | 4110 NW 135 ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33054 | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORLA, RONALD | 2.2 NAME | |
| STREET ADDRESS | 4110 NW 135 ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33054 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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: *Ronald Morla* **REQUIRED** Jan 24 (305) 885-8886

CR2E034 (9/96)