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

CORPORATION ANNUAL REPORT .

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000063692 (4)

| Principal Place of Business | Mailing Address |
|-----------------------------|------------------|
| 7570 N.W. 14 ST. | 7570 N.W. 14 ST, |
| Miami Fl 33126 | Miami Fl 33126 |

FILED May 04 1998 8:00am Secretary of State

| ALAMO MAR | INE, INC. | | | | |
|---|--|--|---|---|-------------------------------------|
| Principal Place of Busin | ness | Mailing Address | | P IODROGE AND LOUDY DIRECTOR COLL. | IN BRIDD III ON BUILD FORW INEN FOR |
| 7570 N.W. 14 ST. | | 7570 N.W. 14 S | | | |
| MIAMI FL 33126 MIAMI FL 33126 | | DO NOT WRITE IN TH | DO NOT WRITE IN THIS SPACE | | |
| | | | | 3. Date Incorporated or Qualified | 13 SFACE |
| | | | | 08/16/1995 | |
| 2. Principal Place of Be | usiness | 2a. Mailing Addre | ess | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0683783 | Not Applicable |
| Sulte, Apt. #, etc. | | Suite, Apt. #, | etc. | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | 6. Certificate of Status Desired | Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| [23] Zip | Country | 28 | T 6 | Trust Fund Contribution | Added to Fees |
| 24 | Country | Zip | Country | 8. This corporation owes or has paid the | |
| | 25 me and Address of Current | [29] Registered Agent | [30] | Personal Property Tax due June 30. 10. Name and Address of New Registers | Yes No |
| | NG, TIMOTHY ESQ. | | 81 Name | | ou regont |
| | SLAS RD, STE. 111 | | | uls E. Gonzalez | |
| | ABLE6 FL 33134 | | | Address (P.O. Box Number is Not Acceptable) | |
| 00.00 | 10000101 | | 83 | 10 1 100 100 1000 | |
| | | | | | |
| | 4 | | 84 City | iani F | 85 Zip Code |
| 11. Pursuant to the pro | visions of Sections 607.0502 | and 607.1508, Florid | a Statutes, the above-named | corporation submits this statement for the purpose | of changing its registered |
| oπice or registered agent. I am familiar | agent or both in the State of with, and pacept the obligat | f Horida: Such chang ions of, Section 607.0 | ge was authorized by the cor 15 0 5, Florida Statutes | corporation submits this statement for the purpose poration's board of directors. I hereby accept the a | ppointment as registered |
| SIGNATURE | for the same of th | | Lina E | Gonzalez 4/2 | · las |
| Signature, o | tor pointed name of registered a jest | | (NOTE: Registered Agent signatur | e required when reinstating) DATE | F |
| 12. | Y OFFICERS AND | DIRECTORS DEL | 13. | ADDITIONS/CHANGES TO OFFICERS A | |
| - | ISTRONG, TIMOTHY LES | | li i | huls E. Gonzalez | Change Addition |
| | DOUGLAS RD, STE. 14 | | 1.2 NAME | ROIS E. Giorisares | |
| CITY-ST-ZIP COF | RAL CABLES FL 33134 | •• | 1.3 STREET ADDRESS | 7570 nw 14 Street | Į į |
| TITLE | TIE GRIDELOGIE GOTOT | □ DEL | 1 4 CITY-ST-ZIP ETE 2 1 TITLE | 14119WITH 22100 | Change Addition |
| NAME | | | 2.2 NAME | | Onlings |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2. 4 CITY - ST - ZIP | | |
| TITLE | · | ☐ DEL | | | Change Addition |
| NAME | | | 3.2 NAME | | - |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY-\$1-ZIP | | |
| TITLE | | ☐ DEL | ETE 41 TITLE | | Change Addition |
| NAME | | | 4 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | ···- | 4.4 CITY~ST-ZIP | | |
| TITLE | | ☐ D£L | ETE 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 C(TY - S1 - ZIP | | |
| TITLE | | ☐ DEL | | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY - ST - ZIP | and in Spection 110 07/3/(i) Florida Statutas Lighthan | |

Interest cernify that the information supplied with this timing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 our prior attachment with an address.

41/2/168