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

STREET ADDRESS

SIGNATURE:

FILED May 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # P95000063697 (3) TRAVIS MARINE, INC. Principal Place of Business Mailing Address 7570 N.W. 14 ST. 7570 N.W. 14 ST. MIAMI FL 33126 MIAMI FL 33126 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/16/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0683782 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 APMISTRONG, TIMOTHY J ESO. Street Address (P.O. Box Number is Not Acceptable) 2600 DOUGLAS ND., STE. 1111 CORAL GABLES FL 33134 82 Street 83 Zip Code niam. 11. Pursuant to the provisions of Sections 607.05.02 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. huis E. Gonzaler SIGNATURE name of registered agent and title it approable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 11 TITLE Change Addition TITLE ARMSTRONG, TIMOTHY J huis E. Gonzalez NAME 1.2 NAME 2600 QOUGLAS RD, STE, 1111 STREET ADDRESS 1.3 STREET ADDRESS 7610 NW IY SHEED CORAL GABLES FL 38134 Miami, FL 33121 CITY - ST - ZIP 1.4 CITY - ST- 7IP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITI F 3 1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS 64 CITY-ST-ZIP 14. Thereby 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 natural 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 report view of the report of the corporation or the report view of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an exchange that an address

Luis E. Gonzalez

4/21/98