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Apr 03 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 # P95000071518 (1)

1. Corporation Name
WATERWAY INTERNATIONAL INC.



Principal Place of Business
520 BRICKELL KEY DRIVE
MIAMI FL 33131

Mailing Address
520 BRICKELL KEY DRIVE
MIAMI FL 33131-2680

3. Date Incorporated or Qualified 09/15/1995
3a. Date of Last Report 04/03/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0612932

Applied For
Not Applicable

21. Suite, Apt #, etc.

26. Suite, Apt #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEMAN, STEPHEN A
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. 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

Signature of person filing this report or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME PS
MIRANDA, PAULO
STREET ADDRESS 520 BRICKELL KEY DR. SUITE 0-305
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ DELETE

1.2 NAME
STREET ADDRESS
CITY-ST-ZIP

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ DELETE

1.3 STREET ADDRESS
CITY-ST-ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ DELETE

1.4 CITY-ST-ZIP
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

1.5 TITLE ☐ DELETE

1.5 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 TITLE ☐ Change ☐ Addition

1.6 NAME ☐ DELETE

1.6 NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 NAME ☐ Change ☐ Addition

1.7 STREET ADDRESS ☐ DELETE

1.7 STREET ADDRESS
CITY-ST-ZIP

1.7 STREET ADDRESS ☐ Change ☐ Addition

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:

Paulo Miranda 03.20.97 305381-5494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0170890

CR2E034 (9/96)