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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000081052 (9)

PACTRANS MARINE INC.

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Principal Place of Business 1811 SW 93RD COURT MIAMI FL 33165 US					Mailing Address 1811 SW 93RD COURT MIAMI FL 33165-7740 US					1 1981/1991 119 (913) \$1/11 BB(() \$81/4 89/)	, 46 :81 18181	##### #)(() (()	åt idds
										3. Date Incorporated or Qualified 10/23/1995		ate of Las 12/1990		ort
2. Principal Pt 21	lace of Busin	iess		2a 26	28. Mailing Address 26					4. FEI Number 65-0613501		→		ied For Applicable
Suite, Apr	#, etc.			27	<u> </u>					5. Certificate of Status Desired		\$8.79 Fee	5 Add	
City & State 23					City & State					Election Campaign Financing Trust Fund Contribution	<u>D</u>	\$5.0 Adde)0 м ed to	
2 ₁₀		25	Country	29	Zip	34	Coun	try 	·	<u> </u>	Yes [No	r s. 1	99.032.
	9. Name	and	Address of Curre	nt Regi	stered Agent					10. Name and Address of New Re	gistered	Agent		
	vzalez, j(٤	91	Name					
14864 SW 173RD TERRACE MIAMI FL 33187								32	Street Addre	ss (P.O. Box Number is Not Acceptat	ole)			
								33						
									City		FL		ip Co	
11. Pursuarit t office or re agent. Lar	to the provis egistered aç m famili ar w	ions jent ith, a	of Sections 607,050 or both, in the State accept the oblic	02 and (e of Flor jations o	607.1508, Florid ida. Such chang of, Section 607.0	la Statutes, ge was aut 0505, Florid	the abo horized da Statu	by tes.	-named corpo the corporatio	oration submits this statement for the pon's board of directors. I hereby accept	urpose of of the app	changin ointment	g its r as re	egistered gistered
SIGNATURE			and the second s											
12.	Signature Prince	iri ger	OFFICERS AN			(NOTE: F	13.	Agen	nt signature required	ADDITIONS/CHANGES TO OFFIC	DATE PERS AND	DIRECT	OBS	IN 12
fills	PSTD		OFFICENSAN	ND DINE	DE	LFTE	1.1 TITL	 F	·····	ADDITIONS/CHANGES TO OFFIC	LI IO AITE	Chang		Addition
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STREET ADDRESS			73RD TERRACE				1		ADDRESS					ľ
CHY-SI-ZP	MIAMI FI						1.4 CITY		ľ					
TOLE					DE	LETE	2.1 1(1)					Chang	je l	Addition
NAME							2.2 NAM	AE.	}					
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NAME							3.2 NAM	Œ	1					
STREET ADDRESS							3.3 STA	EET A	address (ĺ
CITY - SI - ZIP							34. CIT	Y - S1	T-ZIP					
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NAME							4. 2 NAI	VE						
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NAME (ı						5.2 NAM							ļ
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THTLE	l				☐ DE	Lt It	61117L					∐ Chang	je j	Addition
NAME	· ·						6.2 NAN							į
STREET ACCRESS	l						6.3 STR	EET A	ADDRESS					

14. Ido hereby certily 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 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 chapter 607 on an attachment with an address.

SIGNATURE:

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0222203

FILED

May 02 1997 8:00am

Secretary of State