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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P9600000360

INTERNATIONAL BLUEWATER MARINE SERVICES, INC.

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90010 049 ***150.00

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Principal Plac	an of Busine		Mailing Address				
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POST OFFICE NORTH MIAMI			POST OFFICE BOX 61044 NORTH MIAMI FL 33261-0			-	DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed :
At .	<u> </u>						12/21/1995
2. Principal F	Place of Bus	iness	2a. Mailing Address				4. FEI Number Applied For
21		1. 12.	26				65-0691910 Not Applicable
Suite, Apt	. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired \$8.75 Additional Fee Required
City & Sta	te j		City & State				6. Election Campaign Financing \$5.00 May Be
23		1. 1	28			7	Trust Fund Contribution Added to Fees
Zip		. Country	Zip	Col	untry		8. This corporation owes the current year Intangible
24	1 1	25	29	30			Personal Property Tax.
	9. Nam	and Address of Current		<u> </u>	Т.		10. Name and Address of New Registered Agent
			A A COLLEGE		81 Na	me	
	rtin, lola		60 74 75		82 St		(D.C. Davidson and A. C. Davidso
	0 N.E. 135	OTHER!			82 5	reet Addre	ess (P.O. Box Number is Not Acceptable)
NUI	rth Miami	FL 33181	•		83		[1] (1) [1] [1] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
					84 Ci	N.	85 Zip Code
	- 1	*			• •	.y	FL 33 24 Code
11. Pursuant office or agent: I a	to the provi registered a am familiar y	sions of Sections 607.0502 gent, or both, in the State of vith, and accept the obligation	and 607.1508, Florida Statu f Florida. Such change was a ons of, Section 607.0505, Flo	tes, the a outhorize orida Stat	above-nared by the extutes.	ned corpo corporatio	oration submits this statement for the purpose of changing its registered in s board of directors. I hereby accept the appointment as registered
agent: I a	am familiar v	vith, and accept the obligation of printed name of registered agent a	ons of, Section 607.0505, Fk	orida Stat	itutes. Id Agent signa		when reinstating) DATE
agent: I a	am familiar v Signature, type	vith, and accept the obligation	ons of, Section 607.0505, Fix and title if applicable. (NOTE DIRECTORS	E: Registered	itutes. ad Agent signa		when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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14. I 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 amidal 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 of 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 an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE RENEURRO MACLALEN

305 947 9402

CR2E034 (11/98)