## **FILED** SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Jul 22, 1999 8:00 am **PROFIT** FLORIDA DEPARTMENT OF STATE Secrétary of State CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 07-22-1999 90017 007 \*\*\*550.00 DIVISION OF CORPORATIONS 1999 DOCUMENT # P96000010247 394001 - 90017 - 7 TRIPLE M MARINE CORP. Principal Place of Business Mailing Address 2070 NW 79TH AVENUE 2070 NW 79TH AVENUE MIAMI FL 33126 MAM! FL 93126 DO NOT WRITE IN THIS SPACE 4400 Grant Street 3. Date Incorporated or Qualified Hollewood, FL 33021 01/29/1996 4. FEI Number Applied For 2. Principal Place of Business 4400 Gra 65-0637441 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country Zip Country 8. This corporation owes the current year ☐ No \_\_ Yes Intangible Personal Property. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MOLINA, LUIS M Street Address (P.O. Box Number is Not Acceptable) 2070 NW 79TH AVENUE MIAMI FL 33126 83 Zip Code City 85 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/99) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition 1.1 TUTLE TITLE DELETE RODRIGUEZ-MOLINA, LUIS MANUEL 1.2 NAME NAME 2070 NW 79TH AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL . 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE Change \_\_\_ Addition DELETE TITI F MARRERO, OSVALDO 2.2 NAME NAME 2070 NW 79TH AVE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE TITLE DELETE MARRERO, LYSANDER 3.2 NAME NAME 2070 NW 79TH AVE 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE TITLE DELETE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE \_\_\_ Change \_\_\_ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 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:

305-592-690*5* 

7-16-99