

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

FILED
Apr 23 1997 8:00am
Secretary of State

DOCUMENT # **P96000018552 (5)**

1. Corporation Name
SEAMAR DIVERS, INC.



Principal Place of Business

P O BOX 660804
MIAMI SPRINGS FL

Mailing Address

P O BOX 660804
MIAMI SPRINGS FL 33266-0804

2. Principal Place of Business

21 **7891 W. Flagler St.**

Suite, Apt. #, etc.

22 **176**

City & State

23 **Miami, FL**

Zip

24 **33144**

Country

25 **U.S.**

2a. Mailing Address

26 **7891 W. Flagler St.**

Suite, Apt. #, etc.

27 **176**

City & State

28 **Miami, FL**

Zip

29 **33144**

Country

30 **U.S.**

3. Date Incorporated or Qualified

02/26/1996

3a. Date of Last Report

4. FEI Number

65-0646193

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**ANAYA, ELOY
280 GRAND CANAL DR
MIAMI FL 33144**

10. Name and Address of New Registered Agent

81 Name

Carlos M. Perdomo

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

340 Madeira Ave. #6

83

84 City

Coral Gables

FL

85 Zip Code

33134

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

Carlos M. Perdomo

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/97

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **ANAYA, ELOY**
STREET ADDRESS **80 GRAND CANAL DR**
CITY-ST-ZIP **MIAMI FL**

TITLE **STD** ☒ DELETE

NAME **RABADE, ENRIQUE J**
STREET ADDRESS **280 GRAND CANAL DR**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**S
Carlos M. Perdomo
340 Madeira Ave. #6
Coral Gables, FL 33134**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Eloy Anaya
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 825-1192

0257019

CR2E034 (9/96)