

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).

FILED
Sep 01, 1999 8:00 am
Secretary of State
09-01-1999 90012 044 ***550.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080934
1. Corporation Name
AMERICAN MARINE COVERING & INTERIORS, INC.



Principal Place of Business
8095 WEST 21ST LANE
HIALEAH GARDENS FL 33016

Mailing Address
8095 WEST 21ST LANE
HIALEAH GARDENS FL 33016

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4101 NW 37 AVE		26 4101 NW 37 AVE		09/30/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0697617	
City & State		City & State		5. Certificate of Status Desired	
23 MIAMI, FL		28 MIAMI, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24 33142		30 USA		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year	
25 USA		31 USA		Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	


9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ABRAMSON, ROBERT M ESQ 25 S.E. 2ND AVENUE INGRAHAM BUILDING, SUITE 1045 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DST <input checked="" type="checkbox"/> DELETE		1.1 TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME BATISTA, JULIO G		1.2 NAME MANUEL ROMERO	
STREET ADDRESS 8095 WEST 21ST LANE		1.3 STREET ADDRESS 4101 NW 37 AVE	
CITY-ST-ZIP HIALEAH GARDENS FL		1.4 CITY-ST-ZIP MIAMI FL 33142	
TITLE DP <input checked="" type="checkbox"/> DELETE		2.1 TITLE TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME BATISTA, JULIO C		2.2 NAME JOAQUIN SALET	
STREET ADDRESS 8095 WEST 21ST LANE		2.3 STREET ADDRESS 4101 NW 37 AVE	
CITY-ST-ZIP HIALEAH GARDENS FL		2.4 CITY-ST-ZIP MIAMI FL 33142	
TITLE VP <input type="checkbox"/> DELETE		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SARMIENTO, JUAN C		3.2 NAME	
STREET ADDRESS 8095 WEST 21ST LANE		3.3 STREET ADDRESS 4101 NW 37 AVE	
CITY-ST-ZIP HIALEAH FL		3.4 CITY-ST-ZIP Miami FL 33142	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:  8/30/99 (305) 634 6119

CR2E034 (5/99)