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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000098120 (4)

EXCELLENCE MARINE USA INC.

Principal Place of Business

Mailing Address

FILED May 05 1998 8:00am Secretary of State



Principal Place	e or b usiness	Maning Address							
840 \$ FEDERAL HWY 840 \$ FEDERAL HWY									
POMPANO	BEACH FL 33062	POMPANO BEACH FL	. 33062			DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualified			
						12/04/1996			
a Principal P	lace of Business	2a. Mailing Address				4, FEI Number		Applied For	
							-	Not Applicable	
	4101 Ravens wood Rose 26 Same Suite, Apt. #, etc.					65-0712342	- 60 -	<u> </u>	
¬ • • • • • • • • • • • • • • • • • • •						5. Certificate of Status Desired	T	75 Additional e Required	
22 30 4 27 City & State City & State									
						6. Election Campaign Financing	,	00 May Be	
23 <u>D</u> WV	Dania tr					Trust Fund Contribution		ded to Fees	
Zip				8. This corporation owes or has paid the current year Intangible					
24 3331	25 FL. 29 30 30 September 29 Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
		Hegistered Agent	8	4	Mana	10. Name and Address of New Registered	Agent		
LAMOTHE, FERNAND					Name			ľ	
721 SE 17TH ST				2	Street Add	ress (P.O. Box Number is Not Acceptable)			
FT LAUDERDALE FL 33316				\perp					
			8	3					
				4	City		85	Zip Code	
				7	Olly	FI FI	_ "	Lip Codo	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the abo	ve-	-named corp	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changi	ng its registered	
office or r	egisterod agent, or both, in the State of m familiar with, and accept the obligati	Florida Such change was	authorized	by :	the corporat	ition's board of directors. I hereby accept the ap	pointmen	t as registered	
_	in tantiliai with, and accept the congre	Oris Ori, Occident GOV. OSQU, I	IONGG GIRIO	CS.	•				
SIGNATURE	Signature, typed or printed name of regulared agest.	and life of applicable (NC) I.E. Registered A	hoen	nt sionalum tequi	ired when reinstating) DATE			
12.	OFFICERS AND		13.	9	108 210 11040	ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	TORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		T	TISSITION OF THE TISSE	Char		
NAME	BRODEUR, SYLVIE		1.2 NAM						
	840 S FEDERAL HWY				*************				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33062		1.4 CITY		-ZIP		Char	nge Addition	
TITLE	☐ DELETE			2.1 TITLE			LI Cilai	NG [] KOOIIIOII	
NAME			2.2 NAM	E			•		
STREET ADDRESS	1		2.3 STRE	ET A	ADDRESS				
CITY-ST-ZIP			2 4 CiTY	/-SI	T-ZIP				
TITLE		☐ DELETE	3.1 TITLE	E			☐ Char	nge 🔲 Addition	
NAME			3.2 NAM	E					
STREET ADDRESS			3.3 STRE	ET A	ADDRESS				
CITY-ST-ZIP			3.4. CITY		ŀ				
TITLE		DELETE	4.1 TITLI				Char	nge Addition	
NAME		 -	4. 2 NAN		}				
' '					ADDRESS				
STREET ADORESS									
CITY-ST-ZIP		DELETE	4.4 CITY		-217		Char	nge Addition	
TITLE		F"] DETECTE	5.1 TITLI				Onto	-go reduction	
NAME			5.2 NAM						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CITY	-\$1	- ZIP				
TITLE		☐ DELET e	6.1 TITLE	Ē			Char	nge 🔲 Addition	
NAME			6 2 NAM	F.					
STREET ADDRESS			6.3 STRE	ET A	ADDRESS				
CITY-ST-ZIP	_		6.4 CITY	-ST	r- ZIP				
	partiful that the information of unled with	this filing does not qualify				Section 119 07/3Vi) Florida Statutos I further	sertify the	t the information	

i. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 title 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 linear affactment with an address.

W/zula6

(054)502-1101