

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

FILED  
Mar 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000007754 (9)

1. Corporation Name

ALPHA MARITIME GROUP, INC.



Principal Place of Business

Mailing Address

TERREMARK CENTRE STE PH 1-A  
2801 SO BAYSHORE DRIVE  
COCONUT GROVE FL 33133

TERREMARK CENTRE STE PH 1-A  
2801 SO BAYSHORE DRIVE  
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1997

4. FEI Number

65-0803081

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 151 Majorca Avenue

Suite, Apt. #, etc.

22 #C

City & State

23 Coral Gables, FL

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 151 Majorca Av.

Suite, Apt. #, etc.

27 #C

City & State

28 Coral Gables, FL

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

DE LA MORA, RODRIGO  
TERREMARK CENTRE STE PH 1-A  
2801 SO BAYSHORE DRIVE  
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name

Gabriel Prats

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

151 Majorca Avenue, #C

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

Signature, typed or printed name of registered agent and time if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

2-19-98

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME DE LA MORA, RODRIGO  
STREET ADDRESS 2801 SO BAYSHORE DRIVE  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D ☐ DELETE

NAME LARA, RAYNOLD  
STREET ADDRESS 2801 SO BAYSHORE DRIVE  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D ☐ DELETE

NAME MUNOZ, ALFONSO S  
STREET ADDRESS 2801 SO BAYSHORE DRIVE  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D ☐ DELETE

NAME MIGUEL, EMILIO  
STREET ADDRESS 2801 SO BAYSHORE DRIVE  
CITY-ST-ZIP COCONUT GROVE FL 33133

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 DIRECTOR, President ☐ Change ☐ Addition

1.2 NAME Alfonso MUNOZ  
1.3 STREET ADDRESS 151 Majorca Avenue, #C  
1.4 CITY-ST-ZIP Coral Gables, FL 33134

2.1 TITLE Director ☐ Change ☐ Addition

2.2 NAME Raynold LARA  
2.3 STREET ADDRESS 151 Majorca Avenue, #C  
2.4 CITY-ST-ZIP Coral Gables, FL 33134

3.1 TITLE Director ☐ Change ☐ Addition

3.2 NAME EMILIO MIGUEL  
3.3 STREET ADDRESS 151 Majorca Av. #C  
3.4 CITY-ST-ZIP Coral Gables, FL 33134

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 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

1-5-97 (305) 444-8333

CR2E034 (10/97)