

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90056 026 ***150.00

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DOCUMENT # P97000045447

1. Corporation Name
MARIAH BOATWORKS, INC.

Principal Place of Business
2649 NASSAU DRIVE
MIRAMAR FL 33023

Mailing Address
2649 NASSAU DRIVE
MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1997

4. FEI Number

65-0754398

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 the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 936 NE 38 Street

Suite, Apt. #, etc.

22 City & State

23 Fort Lauderdale FL

24 Zip

33334

Country

25 USA

2a. Mailing Address

26 936 NE 38 Street

Suite, Apt. #, etc.

27 City & State

28 Fort Lauderdale FL

29 Zip

33334

Country

30 USA

9. Name and Address of Current Registered Agent

MORENO, JUAN
2649 NASSAU DRIVE
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name
JOSE L ACOSTA

82 Street Address (P.O. Box Number is Not Acceptable)
936 NE 38 STREET

83

84 City
FORT LAUDERDALE

FL

85 Zip Code
33334

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: *Juan Moreno*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MORENO, JUAN G
2649 NASSAU DRIVE
MIRAMAR FL 33023

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
ACOSTA, JOSE L
2649 NASSAU DRIVE
MIRAMAR FL 33023

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PRESIDENT
ACOSTA, JOSE L
936 NE 38 STREET
FORT LAUDERDALE FL 33334

☒ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *JOSE L ACOSTA*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE L ACOSTA
Date 03/06/99

Date

Daytime Phone #

CR2E034 (11/98)