

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
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90181 040 ***150.00

DOCUMENT # P97000047042

1. Corporation Name
MARITIME BROKERS INC.



Principal Place of Business

Mailing Address

~~1400 N.W. 95TH AVE.~~
~~MIAMI FL 33172~~

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~~MIAMI FL 33172~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1997

4. FEI Number
65-0756224

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

2a. Mailing Address

21 1680 NW 95 AV.
Suite, Apt. #, etc.

26 P.O. BOX 414558
Suite, Apt. #, etc.

22 City & State
23 MIAMI FLORIDA

27 City & State
28 MIAMI BEACH FL.

24 33172 25 DADE
Zip Country

29 33141 30 DADE
Zip Country

9. Name and Address of Current Registered Agent

ALMEIDA, JOSE'
251 - 174 STREET #2207
MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name LEONARDO ALMEIDA

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

83 251-174 STREET #2207

84 City MIAMI BEACH FL 85 Zip Code 33160

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

Leonardo Almeida

4/20/1999

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

(NOT if Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ALMEIDA, JOSE'
STREET ADDRESS 251 - 174 STREET #2207
CITY-ST-ZIP MIAMI BEACH FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE OWNER ☒ Change ☐ Addition
1.2 NAME ALMEIDA, JOSE'
1.3 STREET ADDRESS 251-174 STREET #2207
1.4 CITY-ST-ZIP MIAMI BEACH FL. 33160

2.1 TITLE P ☐ Change ☒ Addition
2.2 NAME LEONARDO ALMEIDA
2.3 STREET ADDRESS 251-174 STREET #2207
2.4 CITY-ST-ZIP MIAMI BEACH FL. 33160

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

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

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

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

Leonardo Almeida
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/1999
Date

Daytime Phone #

CR2E034 (11/98)