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

DOCUMENT # P97000051793

SELACHII MARINE LIMITED INC.

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90060 020 ***150.00

Principal Place of Business Mailing Address						, 8, 8, 8, 18, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
10011 NW-29TH MIAMI FL 33172	1-512930 N.W. 10814.	MV2. 10011 NW 29TH 9T-2930 MIAMI FL 33172	r.w.	108TH	1		
					DO NOT WRITE IN T	HIS SPACE.	
					3. Date Incorporated or Qualifed		
		A de Ution A de dono			06/11/1997		aliad For
	rincipal Place of Business 2a. Mailing Address				4. FEI Number	+	olied For
21 26					65-0764250	\$8.75 A	Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	Fee Re	
22 27							,
					6. Election Campaign Financing Trust Fund Contribution	\$5.00 (Added to	· .
23	ip Country Zip		Country				71 663
Zip			- 7		8. This corporation owes the current year Intangible Personal Property Tax.		
24	9 Name and Address of Curre		' -		10 Name and Address of New Register		
}	9. Name and Address of Confe	till tradiation on exposit	81	Name	10.		
BILDA, JORGE					Laborator TV		
10811 NW 29TH 3T 2930 N. W. 108TH AVE.				Street Add	ress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33172			83				
		•					
			84	City		85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,				anamed cor	poration submits this statement for the nurnos	e of changing its	registered
office or re	egistered agent, or both, in the Stat	e of Florida. Such change was auth	norized by	the corporat	tion's board of directors. I hereby accept the ap	ppointment as reg	jistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	a Statutes	•			
SIGNATURE		(NOTE D	anintara d Amer	at eignatura reguli	red when reinstating) DATE	F	—— Ì,
42	Signature, typed or printed name of registered at	ND DIRECTORS	13.	it signature redon	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.			1.1 TITLE		ADDITIONOS STRANGEO TO OTT TOLIN	Change	Addition
NAME	ADAGAG CDAVEIDO AEDANIO		1.2 NAME			•	1 3
STREET ADDRESS	200 1 1 1 1 1 1 1 2 2 2 1 N V 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.3 STREET ADDRESS				1
ļ <u></u>	MIAMI FL 33172		1.4 CITY-ST-ZIP				l l
CITY-ST-ZIP TITLE			2.1 TITLE	1 2		Change	Addition
NAME	DI DA JODOF		2.2 NAME				}
STREET ADDRESS	1			TADDRESS			1
I MIANI EL COAZO			1	Ϋ́			Ì
CITY-ST-ZIP	WIAMI FL 33172 V □ DELETE		2.4 CITY-ST-ZIP 3.1 TITLE			Change	☐ Addition
NAME	DE ALENCAR LOSE WILSON		3.2 NAME	ŀ			
Į.	LOCAL AND COTH OF 12 - O - 1/1/1 1/18 THE MYE			TADORESS			ł
STREET ADDRESS	MIAMI FL 33172		3.4. CITY-S				
CITY-ST-ZIP TITLE	T 33172	☐ DELETE	4.1 TITLE	51-2Ir		[] Change	- Addition
1	CABRAL, JOSUE		4. 2 NAME				_
NAME		11 W 108TH AVE.		T ADDRESS			
STREET ADDRESS		<i>io.</i> io . • • • • • • • • • • • • • • • • • • •					
CATY+ST+ZIP TITLE			4.4 CITY-S	1-217		Change	Addition
		5.11 5.2N					_
NAME				T ADDRESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP			6.1 TITLE	1-41		Change	Addition
TITLE	i with	Control	6.2 NAME			5.16.190	
NAME	2 100 4 47 1			TADORESS			
STREET ADDRESS			0.3 STREE	· \runce			

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.

6.4 CITY-ST-ZIP