

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

FILED
Feb 10 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 # **P97000056075 (9)**

1. Corporation Name

TECHNICAL MARITIME SERVICE INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 961 W. 79 PLACE HIALEAH FL 33014	Mailing Address 961 W. 79 PLACE HIALEAH FL 33014
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/25/1997	
				4. FEI Number 65-0762979	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LARRALDE, MARIA ELENA 961 W. 79 PLACE HIALEAH FL 33014				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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 11b. Large block) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARRADLE, MARIA ELENA			12 NAME			
STREET ADDRESS	961 W. 79 PLACE			13 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33014			14 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		21 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MATO, PEDRO			22 NAME	Norlan Tibaneas,		
STREET ADDRESS	961 W. 79 PLACE			23 STREET ADDRESS	461 W 79 PL		
CITY-ST-ZIP	HIALEAH FL 33014			24 CITY-ST-ZIP	Hialeah FL 33014		
TITLE		<input type="checkbox"/> DELETE		31 TITLE	VPD.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				32 NAME	yiso Tibaneas,		
STREET ADDRESS				33 STREET ADDRESS	961 NW 79 PL		
CITY-ST-ZIP				34 CITY-ST-ZIP	Hialeah FL 33014		
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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: x MEL Maria Elena Larralde 2-1-98 (705) 638-5931

CR2E034 (10/97)