Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90085 023 ***158.75

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 # P97000061955

1. Corporation Name

RILLE WATER MARINE, INC.

DEGE **								
Principal Plac	e of Business	Mailing Address					18 81191 11919 19191	#(18) B(1) (48)
8070 W 21 AVI	E	8070 W 21 AVE						
78		78					IO SDAGE	
HIALEAH FL 33016 HIALEAH FL 33016						DO NOT WRITE IN TH	SPACE	
US		US				3. Date Incorporated or Qualifed		
						07/09/1997	11.	r-4 r
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	<u> </u>	plied For
21		26				65-0770354		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	
22		27 City 9 State						
City & Stat	ie	City & State				6. Election Campaign Financing	\$5.00	
23		28	Count			Trust Fund Contribution	Added t	o rees
Zip	Country	Zip	\neg	ry		8. This corporation owes the current year		□No
24	25		30			Personal Property Tax. 10. Name and Address of New Registere	Agent	بالان
	9. Name and Address of Curren	t Registered Agent	s	1 Nam	P	IV. Hame and Address of New Registers	a vaeur	
CAP	POTE, JORGE L		1,	144111	•			
1710 WEST 75TH STREET			8	2 Stree	t Addres	ss (P.O. Box Number is Not Acceptable)		
	EAH FL 33014							
HAL	EAR FE 300 14		١٤	3				
			ļ _ē	4 City			. 85 Zip (Code
						ration submits this statement for the purpose		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: ID DIRECTORS	Registered A	jent signatur	e required v	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	PRS IN 12
TITLE	PT	☐ DELETE	1.1 TITLE		.	Application of the service of the se	☐ Change	Addition
NAME	CAPOTE, JORGE L		1.2 NAM]		.— -	_
	ATAN MENT SETTL OFFICE			- ET ADDRES				
STREET ADDRESS	HIALEAH FL 33014				~i	•		
CITY-ST-ZIP		□ DELETE	2.1 TITLE		+		Change	Addition
TITLE	VPS	DECETE						
NAME				2.2 NAME				
STREET ADDRESS	1			ET ADDRES	S			
CITY-\$T-ZIP	HIALEAH FL 33014			-ST-ZIP	+ · · ·		Change	Addition
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NAME			3.2 NAM	_				
STREET ADDRESS				ET ADDRES	is			
CITY-ST-ZIP			_	-ST-ZIP	-			Addition
TITLE	-	☐ DELETE	4.1 TITLE				☐ Change	I'' ∀aaison
NAME			4. 2 NAM					
STREET ADDRESS	Marie Carlo		4.3 STR	ET ADDRES	is]			-
CITY-ST-ZIP			4.4 CITY					The care
TITLE		DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAM		1			
STREET ADDRESS	3		1	ET ADDRES	ss (
CITY-ST-ZIP			5.4 CITY				<u>_</u>	
TITLE		☐ DELETE	6.1 TITL				Change	☐ Addition
NAME	1		6.2 NAM	Ē				
STREET ADDRESS	.}		6.3 STR	ET ADDRES	s\			

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 an an attachment with an address, with all other like empowered.

SIGNATURE:

| SIGNATURE: | Date |

6.4 CITY-ST-ZIP

CITY-ST-ZIP