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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000074896 (6)

GENERAL MARINE SUPPLIES, INC.

FILED Jan 21 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			Į)
11314 SW 147TH CT 11314 SW 147TH CT MIAMI FL 33196 MIAMI FL 33196				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address	1	08/28/1997 4. FEI Number Applied F	For
21 1462	9 SW 104 ff	26 1440g Sal	104 St.	65077757V Not Appli	
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Addition	
<u> </u>	444	27 444		Fee Required	1
City & Stat	MMI FL 33186	City & State	1 33186	6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	Э
24	25 1DE		30 0100	Personal Property Tax due June 30.	
	9, Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent	
	RQUEZ, LUCRECIA		1 (Vairie		
11314 SW 1477H CT MIAMI FL 33196			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MIA	IMI PL 33196		83		-
			84 City	FL 85 Zip Code	ŀ
t office or r	registered agent, or both, in the State	a of Etorida. Such channe was a	iuthorized by the corporal	poration submits this statement for the purpose of changing its regist tion's board of directors. I hereby accept the appointment as registe	lered tered
	im familiar with, and accept the oblig	pations of, Section 607.0505, Flo	orida Statules.		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE	Registered Agent signature requi	red when reinstating) DATE	—
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
TITLE	D	☐ DELETE	1.1 TITLE	Change Ad	ddition
NAME	MARQUEZ, LUCRECIA		1.2 NAME		i
STREET ADDRESS	11314 SW 147TH CT		1.3 STREET ADDRESS		ŀ
CITY-ST-ZIP	MIAMI FL 33196	T ociese	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	L Change L Ac	ddition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Change Ac	ddition
NAME			3.2 NAME		,5,11,6,1
STREET ADDRESS			3.3 STREET ADDRESS		- 1
CITY-ST-ZIP			3.4 CITY-ST-ZIP		ľ
TITLE		DELETE	4.1 TITLE	Change Ac	dition
NAME			4. 2 NAME		
STREET ADDRESS	••		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DETE1E	5.1 TITLE	☐ Change ☐ Ad	ddition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Decem	5.4 CITY - ST - ZIP		
TITLE		∟ DELETE	6.1 TITLE	LJ Change L] Ad	idilion
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1
14. Lhereby c	ertify that the information supplied w	ith this filma does not qualify for	6.4 CITY-ST-ZIP	Section 119 07/3Vi) Florida Statutes I further certify that the informs	

indicated on this annual report or supplied with this litting does not quality 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 principles.