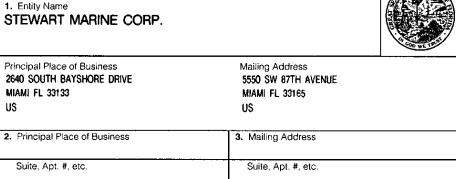
FILED Mar 19, 2003 8:00 am & Secretary of State 03-19-2003 90122 001 ***150.00

2003 FOR PROFIT CORPORATION BUSINESS REPORT	_
DOCUMENT # P97000081579 1. Entity Name STEWART MARINE CORP.	



Principal Place of Business 2640 SOUTH BAYSHORE DRIVE MIAMI FL 33133 US				Mailing Address 5550 SW 87TH AVENUE MIAMI FL 33165 US							
2. Principal Place of Business					3. Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES		
City & State				City & State				4.	FEI Number 65-0783093 Applied For Not Applicable		
Zip	-	Country		Zip		Coun	itry	5.	Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name	and Addres	s of Current R	egistere	ed Agent	•	<u> </u>	7.	Name and Address of New Registered Agent		
OTENALADI		_					Name				
	, WILLIAM I			Street Address			Street Add	dress (P.O. E	s (P.O. Box Number is Not Acceptable)		
	87TH AVEN	IUE									
MIAMI FL	33 100							•			
							City		FL Zip Code		
	named entity tions of regist		s statement for t	he purp	pose of changing its	registere	ed office or r	egistered ag	gent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE .	Signature, typed	or printed name o	f registered agent and	title if app	olicable. (NOTE	E: Registere	d Agent signature	required when re	reinstating) DATE		
After	ILE NOW!! r May 1, 200 c Payable to	3 Fee will		State [°]					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	1	OF	FICERS AND DI	RECTO	PRS	11.		AE	DOITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP			e Suite 105		☐ Delete				. Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete			n - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-			☐ Delete	TITLE NAMI STRE			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete				· Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete		į.	,	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, ,		☐ Delete	TITLE NAME STREE			☐ Change ☐ Addition		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4