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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State, . DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

P97000098426 (4)

	LCO MARINE CORPORATI				
Principal Place	e of Business	Mailing Address		s todisbut sin anter controller ander anter mater	m stiffe 18191 Diffet (1818 Atte 1821
2250 SW 3RD AVE. 5TH FL 2250 SW 3RD AVE MIAMI FL 33129 MIAMI FL 33129		2250 SW 3RD AVE. 5TH MIAMI FL 33129	FL	DO NOT WRITE IN THI	S CDACE
				3. Date Incorporated or Qualified	3 SPACE
				11/17/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FFI Number	Applied For
21		26		65-0799176	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zφ		8. This corporation owes or has paid the o	current year Intangible
24	25 9, Name and Address of Curre		30	Personal Property Tax due June 30. 10. Name and Address of New Registers	
la.	/EINSTEIN, PHILIP T		81 Name	10, 12, 12	
	250 SW 3RD AVE, 5TH FL		00 00 00	(DO 0 - M - 1 - 1 - N - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	-
MIAMI FL 33129			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
•••	W 441 1 2 00 120		83		
			84 City		85 Zip Code
			City	F	L 85 Zip Code
SIGNATURE	m familia will i, and accept the oblin	Mer- gert and tile if applicable (NOTE	: Rog stered Agent signature requ		
12.		ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	d Lindzon, Jerry M	☐ OECETE	1.1 TITLE 1.2 NAME		Change Addition
NAME Street address	3 GROVE ISLE, PH-9		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL 331	33	1.4 CITY-ST-ZIP		
TITLE	SD SD	DELETE	2.1 TITLE		Change Addition
NAME	GALLO, CARMEN		2.2 NAME		•
STREET ADDRESS	3351 SW 18TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33145		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - \$T - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			I		C Change L Aughnon
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			■ i		
TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		

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 changon, or on an attachment with an address.

6.3 STREET ADDRESS

STREET ADDRESS

4-6-98

305-856-0082

FILED

Apr 27 1998 8:00am

Secretary of State