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 # P97000101155

1. Corporation Name

Sea Wise of Miami Inc.

Principal Place of Business

1884 NW
North River Drive
Miami Fl. 33125

Mailing Address

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	**Suite, Apt. #, etc.** 27
City & State 23	**City & State** 28
Zip 24 **Country** 25	**Zip** 29 **Country** 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
December 1, 1997

4. FEI Number
65-0799843

Applied For
Not Applicable

5. Certifcate of Status Desired ☐
$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐
$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Alan C. Scott
9230 Cutler Ridge Dr.
Miami Fl. 33157

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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE Director ☐ DELETE **NAME** Alan C. Scott **STREET ADDRESS** 9230 Cutler Ridge Dr. **CITY-ST-ZIP** Miami Fl 33157	**1.1 TITLE** **1.2 NAME** **1.3 STREET ADDRESS** **1.4 CITY-ST-ZIP** ☐ Change ☐ Addition
TITLE ☐ DELETE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	**2.1 TITLE** **2.2 NAME** **2.3 STREET ADDRESS** **2.4 CITY-ST-ZIP** ☐ Change ☐ Addition
TITLE ☐ DELETE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	**3.1 TITLE** **3.2 NAME** **3.3 STREET ADDRESS** **3.4. CITY-ST-ZIP** ☐ Change ☐ Addition
TITLE ☐ DELETE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	**4.1 TITLE** **4.2 NAME** **4.3 STREET ADDRESS** **4.4 CITY-ST-ZIP** ☐ Change ☐ Addition
TITLE ☐ DELETE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	**5.1 TITLE** **5.2 NAME** **5.3 STREET ADDRESS** **5.4 CITY-ST-ZIP** ☐ Change ☐ Addition
TITLE ☐ DELETE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	**6.1 TITLE** **6.2 NAME** **6.3 STREET ADDRESS** **6.4 CITY-ST-ZIP** ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: _____ Alan C. Scott   April 9/99   (305) 226-8555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034.(11/98)