

AMOUNT DUE ON OR BEFORE 01/01/00: \$339 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

PROFIT
CORPORATION
ANNUAL REPORTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2000

DOCUMENT # P98000013278

1. Corporation Name

SEA MARITIME TERMINAL, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90017 003 ***150.00



Principal Place of Business

3001 N.W. SOUTH RIVER DRIVE
FL 33142

Mailing Address

3001 N.W. SOUTH RIVER DRIVE
MIAMI FL 33142
240 SAN LORENZO AVE.
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1998

4. FEI Number

65-0820552

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing



Trust Fund Contribution

\$5.00 May Be
Added to Fees7. This corporation owes the current year
Intangible Personal Property.Yes ☐ No

8. Name and Address of New Registered Agent

2. Principal Place of Business

21 3001 N.W. South River

Suite, Apt. #, etc.

22 Drive

City & State

23

Zip

24 33142

Country

25 MIAMI-DADE

2a. Mailing Address

26 240 SAN LORENZO AVE

Suite, Apt. #, etc.

27

City & State

28 CORAL GABLES, FL

Zip

29 33146

Country

30 MIAMI-DADE

9. Name and Address of Current Registered Agent

OSCAR VILA

3001 N.W. SOUTH RIVER DRIVE

MIAMI FL 33142

240 SAN LORENZO AVE.
CORAL GABLES, FL 33146

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 607.1506, 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 resigning)

DATE 4/20/00

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 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)(c), 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, trustee or 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 asterisk.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 305-444-3096

Corporate Phone #

CR2E004 (5/99)