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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000056854

1. Corporation Name
CENTRAL MARINE TRANSPORTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 10825 SW 86TH STREET #9 MIAMI FL 33173
Mailing Address: 10825 SW 86TH STREET #9 MIAMI FL 33173

3. Date Incorporated or Qualified: 06/25/1998

2. Principal Place of Business: 7007 N.W. 30 STREET, MIAMI, FLORIDA 33122, DADE
2a. Mailing Address: SAME
22. #2
23. MIAMI, FLORIDA
24. 33122, 25. DADE, 29. 30.

4. FEI Number: 65-084-5622
5. Certificate of Status Desired: **\$8.75** Additional Fee Required
6. Election Campaign Financing: **\$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
SALAZAR, JENNY G
10825 SW 86TH STREET
#9
MIAMI FL 33173

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
1.1 TITLE: PSD, NAME: SALAZAR, JENNY G, ADDRESS: 10825 SW 86TH STREET, MIAMI FL 33173
1.2 TITLE: VTD, NAME: BENAVIDES, ROSA M, ADDRESS: 10825 SW 86TH STREET, MIAMI FL 33173

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

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: Jenny G Salazar SIGNATURE REQUIRED 4/25/99 305 594 4390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)