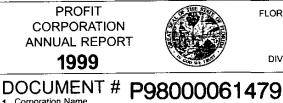
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90100 001 \*\*\*150.00 **Katherine Harris**

MERMAIL	) Maritime Inc.									
Principal Place	e of Business	Mailing Address					#11# #1	<b>JB</b> J (1811		1318 (811 )881
9745 SW 128 STREET 9745 SW 128 STREET										
MIAMI FL 33176 MIAMI FL 33176					DO MOT WOITE IN T	DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed	піз	PACE	<del>-</del>	
						07/13/1998				}
2 Principal Place of Business 2a, Mailing Address					<del></del>	4 FEI Number			Apr	lied For
						65-085 8050		F		Applicable
25   Suite, Apt. #, etc.   Suite, Apt. #, etc.						_	\$8.75 Additional			
_	27	,			5. Certifcate of Status Desired		Fe	ee Rec	quired	
City & State	City & State City & State					6. Election Campaign Financing		\$5	.00	May Be
23	28					Trust Fund Contribution		•	ided to	• 1
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	r Inta	ngible		
24	25	29	30			Personal Property Tax.		Yes	3	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registe	red A	gent		
				81	Name					}
	O, CARLOS G			82	Street Add	dress (P.O. Box Number is Not Acceptable)				
	SW 128 STREET									
MAIM	AI FL 33176			83						
				84	City	<u>.</u>		85	Zip C	ode
					-		<u>FL</u>			
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Flonda. Such change was au pations of, Section 607.0505, Flor	ithorized ida Stati	utes.	ine corporat	rporation submits this statement for the purpos tion's board of directors. I hereby accept the a	ppoin	.ment	as reg	istered
	Signature, typed or printed name of registered ag			Agen	t signature requir	ired when reinstating) DATI				20 10 40
12.		ND DIRECTORS	13.	7.5		ADDITIONS/CHANGES TO OFFICERS	ANL	☐ Ch		Addition
TITLE	DPT	☐ DELETE	1.1 TITLE						w.,go	
NAME	BOESEN, THOMAS K		1.2 NAME							
STREET ADDRESS	9745 SW 128 STREET		1		ADDRESS					
CITY-ST-ZIP	MIAMI FL 33176	DELETE	1.4 CITY-S 2.1 TITLE		r-ZIP			☐ Ch	ange	Addition
TITLE	DVS									_
NAME	STRUVE, NIELS		2.2 NAME		ADDDECD					
STREET ADDRESS	9745 SW 128 STREET		2.3 STREE 2. 4 CITY-			•				l
CITY-ST-ZIP	MIAMI FL 33176				I-ZIP			☐ Ch	ange	Addition
TITLE			3.1 NA						_	
NAME					ADDRESS					Ì
STREET ADDRESS				ITY-S						
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TI		11*ZIF			☐ Ch	iange	Addition
		<b>_</b>	4. 2 N			•				
NAME expect appress					ADDRESS					
STREET ADDRESS						•				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-S 5.1 TITLE		1-71			☐ Ch	ange	Addition
NAME			5.2 N					•		
STREET ADDRESS			5.3 S	TREET	ADDRESS					j
			5 4 C	TY-S	T-ZIP					}
CITY-ST-ZIP TITLÉ				TLE				☐ Ch	ange	Addition
NAME			6.2 N	AME						1
STREET ADDRESS			6.3 S	TREET	ADDRESS					Í
SIREEI AUDRESS				TV 6						

64 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 i made under oath. Fat 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 rame of bears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAN RIGG Date

CR2E034 (11/98)