

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90149 001 ***150.00

DOCUMENT # **P98000062394**

1. Corporation Name

DEEP IMPACT POWER BOATS, INC.

Principal Place of Business

20651 SW 127TH AVENUE
MIAMI FL 33177

Mailing Address

20651 SW 127TH AVENUE
MIAMI FL 33177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1998

4. FEI Number

65-0851517

Applied For

Not Applicable

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

2. Principal Place of Business

21 1655 SW 122 AVE.

Suite, Apt. #, etc.

22 #6

City & State

23 MIAMI, FL

Zip Country

24 33175**25**

2a. Mailing Address

26 P.O. BOX 441427

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip Country

29 33144**30**

9. Name and Address of Current Registered Agent

GOMEZ, ARNALDO J
20651 SW 127TH AVENUE
MIAMI FL 33177

10. Name and Address of New Registered Agent

81 Name

GOMEZ, ARNALDO

82 Street Address (P.O. Box Number is Not Acceptable)

1655 SW 122 AVE.

83 #

6

84 City

MIAMI, FL**FL**

85 Zip Code

33175

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P/D** ☐ DELETENAME **GOMEZ, ARNALDO J**STREET ADDRESS **1655 SW 122 AVE. #6**CITY-ST-ZIP **MIAMI, FL 33175**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99

Date

705-4113-8500

Daytime Phone #

CR2E034 (11/98)