

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90101 011 ***150.00

DOCUMENT # P98000073046

1. Corporation Name

GENERAL MARITIME SERVICES, INC.

Principal Place of Business

2801 PONCE DE LEON BLVD. #1155
CORAL GABLES FL 33134

Mailing Address

2801 PONCE DE LEON BLVD. #1155
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1998

4. FEI Number

65-0879956

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 Fees

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

2. Principal Place of Business

21 7300 N.W. 35TH TERR.

2a. Mailing Address

26 P.O. BOX 522301

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI FL.

City & State

28 MIAMI

Zip

Country

24 33152-2301

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PRAHL, JOHN T
2801 PONCE DE LEON BLVD. #1155
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

ALBERTO J. MARINO

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

7300 N.W. 35TH TERR.

83

84 City

MIAMI

FL

85 Zip Code

33122

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.

ALBERTO J. MARINO

(NOTE: Registered Agent signature required when reinstating)

1/6/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME PRAHL, JOHN T
STREET ADDRESS 2801 PONCE DE LEON BLVD. #1155
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME ALBERTO J. MARINO
1.3 STREET ADDRESS 7300 N.W. 35TH TERRACE
1.4 CITY-ST-ZIP MIAMI FL. 33122

2.1 TITLE T/D ☐ Change ☒ Addition

2.2 NAME CARLOS SANCHEZ
2.3 STREET ADDRESS 4469 N.W. 99 AVENUE
2.4 CITY-ST-ZIP MIAMI, FL. 33178

3.1 TITLE S/D ☐ Change ☒ Addition

3.2 NAME LORENZO RODRIGUEZ
3.3 STREET ADDRESS 8400 NW 52 STREET (SUITE 201)
3.4 CITY-ST-ZIP MIAMI, FL. 33166

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERTO J. MARINO

1/6/99

Date

(305) 594-7100

Daytime Phone #

CR2E034 (11/98)