May 06, 1999 8:00 am Secretary of State

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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**

DOCUMENT # P98000104011

1. Corporation Name

MARINE INTERNATIONAL, INC.

							1100 BION 11) (18 0 7 1 80 7	
Principal Place of Business Mailing Address						i facilida ist idta jent mann antn anna ibas				
200 BRICKELL AVENUE 1200 BRICKELL AVENUE										
SUITE 1440		SUITE 1440				DO NOT NUDITE IN THIS SPACE				
MIAMI FL 33131		MIAMI FL 33131				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			}	
			<u></u>			12/14/1998		·		
2. Principal Pl	lace of Business	2a. Mailing Address							ed For	
21		26				APPLIED FOR			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			ditional	
22	•	27				0 1	Fee	Requ	lired	
City & State	e I	City & State				6. Election Campaign Financing		00 м		
23		28				Trust Fund Contribution	Add	led to	Fees	
Zip	Country	Zip	Country			8. This corporation owes the current year Intangible				
24	25	29 30				Personal Property Tax. Yes No			No	
	9. Name and Address of Curren	it Registered Agent				10. Name and Address of New Register	d Agent			
			8	1 1	Name				ļ	
Ramil	rez, manuel à			_ -	0	as /D.O. Day Number is Not Acceptable)				
	BRICKELL AVENÙE		8	2	Street Addre	ss (P.O. Box Number is Not Acceptable)			(
	1440		8:	3						
	I FL 33131		1-	~ - -						
mean	1		8	4	City	F	85	Zip Co	de	
			<u>_</u>	ᆚ			- (;	a ite re	nistered	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute of Florida, Such change was au	is, the abo ithorized b	ve-r	namea corpo e comoration	ration submits this statement for the purpose n's board of directors. I hereby accept the app	pointment a	s regi:	stered	
agent, I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Statute	95.		• • • • • • • • • • • • • • • • • • • •			}	
SIGNATURE	\									
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Ag	ent s	ignature required		-: -			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS				
TITLE	PD DELETE		1.1 TITLE	1.1 TITLE			Cha	nge	Addition \	
NAME	GIBON, CHANTAL			1.2 NAME					l	
STREET ADDRESS 2451 BRICKELL AVENUE APT. 4P			1.3 STREET ADDRESS		DDRESS					
CITY-ST-ZIP MIAMI FL 33129			1.4 CITY-ST-ZIP							
TITLE	STD)	☐ DELETE	2.1 TITLE				Cha	nge	☐ Addition	
	l :		2.2 NAME						ĺ	
	GIBON, JEAN LOUIS				DORESS					
}	Lucad Pt. Co.o.				- 1				-	
	MIAMI FL 33131	☐ DELETÉ	2.4 CITY-ST-ZIP		ZIP		☐ Cha	nde	Addition	
TITLE	□ DE		3.1 πTLE		1		٥/١٥ ت	-5-		
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS		DORESS				1	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		ZIP	<u></u>				
TITLE	. DELETÉ		4.1 TITLE	4.1 TITLE			☐ Cha	nge	☐ Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STRE	ETA	DORESS				ļ	
CITY-ST-ZIP	Ì		4.4 CITY							
TITLE	DELETE			5.1 TITLE			☐ Cha	nge	Addition	
	{	<u></u>	5.2 NAME		l				Į	
NAME		7)	5.3 STRE		DORESS					
STREET ADDRESS	Į.	1	5.4 CITY-		- 1				ļ	
CITY-ST-ZIP	ļ	O not see	6.1 TITLE		<u>ا ا</u>		Cha	nge	Addition	
TITLE	ļ	☐ DELETE					Clia	gc	, .duipo//	
LAME	t		6.2 NAME	E	1					

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.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP