

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

pg. 1 of 2

97 AUG 22 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S95573 (9)

1. Corporation Name  
ASSOCIATED MARINE SERVICES INC.

Principal Place of Business  
263 NE 142ND ST.  
#20-B  
NORTH MIAMI FL 33161

Mailing Address  
263 NE 142ND ST.  
#20-B  
NORTH MIAMI FL 33161

2. Principal Place of Business  
21 219 NE 141 STREET  
Suite, Apt. #, etc.  
22  
City & State  
23 MIAMI FL.  
Zip  
24 33161  
Country

2a. Mailing Address  
26 219 NE 141 STREET  
Suite, Apt. #, etc.  
27  
City & State  
28 MIAMI FLORIDA  
Zip  
29 33161  
Country

3. Date Incorporated or Qualified  
11/21/1991

3a. Date of Last Report  
04/18/1996

4. FEI Number  
65-0295892

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
RAMCHARAN, LINDA  
263 NE 142ND ST.  
#20-B  
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
500002276905--8  
-08/26/97--01004--014  
\*\*\*\*165.00 \*\*\*\*165.00  
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  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMCHARAN, LINDA	1.2 NAME	
STREET ADDRESS	263 NE 142ND ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMCHARAN, ANTON	2.2 NAME	
STREET ADDRESS	263 NE 142ND ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

L. Ramcharan - MANAGER

CR2E034 (4/97)

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State of Florida  
Division of Corporations  
Annual Reports Section  
P.O.Box 1500  
Tallahassee, Fl. 32302-1500

Ref:Associated Marine Services  
S95573

Sirs,

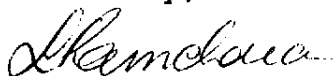
I am in receipt of my second notice for the annual report of above referenced corporation in the amount of \$550.00.

Unfortunately I never received the first notice, as it went to the previous address of the corporation and it was not forwarded to me by the Post Office.

Enclosed is check for \$165.00 and ask if you could consider the situation and resind the penalties and charges which adds up to the \$550.00.

Thanking you for your cooperation in this matter.

Sincerely,



Linda Ramcharan