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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 24, 1999 8:00 am Secretary of State

05-24-1999 90016 019 ***150.00

DOCUMENT # V22491

1. Corporation Name

Principal Place of Business

CITY-ST-ZIP

SHIPS MACHINERY INTERNATIONAL, INC.

8375 NW 56 STREET 1 BISCAYNE TOWER, 2 S. BISCAYNE BLVD. MIAMI FL 33166 US 8375 NW 56 STREET 1 BISCAYNE TOWER, 2 S. BISCAYNE BLVD. MIAMI FL 33166 US			icayne blvd.		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/18/1992				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		L	Appl	fied For
21		26			65-0347162			Not	Applicable_
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired				
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip 24	Zip Country Zip Ci			ountry 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No					⊒No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of Nev	v Registered A	gent		
			81	Name					
JACOBS, KAI 2601 S BAYSHORE DR			82	Street A	Address (P.O. Box Number is Not Acce	ptable)			
19TH FLOOR									
MIAMI FL 33133			84	City		FL	85	Zip Co	ode
11. Pursuant office or reagent. I ar	to the provisions of Scalinns 607.05 gistered agent of both, in the State in familiar with and accept the oblig Signature. When or printed name of registered ag				corporation submits this statement for the pration's board of directors. I hereby accommodate the properties of the prop	DATE			i
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO C				
TITLE	P	☐ DELETE	1.1 TITLE				☐ Cha	ınge	Addition
NAME	Krautkemer, Franz D		1.2 NAME						
STREET ADDRESS	8375-NW 56 ST.		1.3 STREE	FADDRESS					
CITY-ST-ZIP			1.4 CITY-S	T-ZIP					
TITLE	EVP	☐ DELETE	2.1 TITLE				Cha	inge	☐ Addition
NAME	JACOBS, PETER		2.2 NAME	}					
STREET ADDRESS	11455 SW 93 AVE. 231		2.3 STREE	ADDRESS					
CITY-ST-ZIP	11/4/12/12/12/12/12/12/12/12/12/12/12/12/12/		2.4 CITY-5	T-ZIP					
TITLE	CP	☐ DELETE	3.1 TITLE				Cha	inge	☐ Addition
NAME	WELCH, RICHARD P		3.2 NAME						
STREET ADDRESS	9260 SW 185 TERR.		3.3 STREE	T ADDRESS					
CITY-ST-ZIP	MIMAI FL		3.4. CITY- 5	T-ZIP			☐ Cha		☐ Addition
TITLE	ST	☐ DELETE	4.1 TITLE	Ì				n Ge	☐ wadagar i
NAME	EMILIO, P. L		4. 2 NAME						
STREET ADDRESS	11320 SW 110 AVE.			TADORESS					
CITY-ST-ZIP	MIMAI FL	☐ DELETE	4.4 CITY-S	T-ZIP			☐ Cha		Addition
TITLE	DADO DANIELA	☐ DECE IE	5.1 TITLE 5.2 NAME					uige	
NAME	BARR, DANIEL A			TADDRESS					
STREET ADDRESS	499 NW 70 AVE., SUITE 105		5.4 CITY-S						
CITY-ST-ZIP	PLANTATION FL	☐ DELETE	6.1 TITLE	1-ДР			Cha	ange	Addition
TITLE		FT DEFEIC	6.2 NAME				_ 5.6	90	
NAMÉ				TADDDESS					

14. I hereby certify that the information amphilip with this filling does not glatify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report is supplemental and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the personal report is the report of the received 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 inchanged, or on an attachment with an engress with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

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