

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90144 011 ***150.00

DOCUMENT # F98000004265

1. Entity Name
TOPAZ INTERNATIONAL SHIPPING, INC.

Principal Place of Business C/O KYMA SHIP MANAGEMENT 1015 NORTH AMERICA WAY. #128 MIAMI FL 33132 US	Mailing Address C/O KYMA SHIP MANAGEMENT 1015 NORTH AMERICA WAY. #128 MIAMI FL 33132 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0843216		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
DAVIS, MARK S 1015 NORTH AMERICA WAY MIAMI FL 33132				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CS	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KOLK, GLENN G		NAME	KOLK, GLENN G.			
STREET ADDRESS	520 BRICKELL KEY #1606		STREET ADDRESS	520 BRICKELL KEY #1606			
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	MIAMI, FL 33131			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KOLK, HILDA		NAME				
STREET ADDRESS	520 BRICKELL KEY #1606		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCAULIFFE, DARBY		NAME				
STREET ADDRESS	520 BRICKELL KEY #1606		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KATSOUFIS, PARIS G		NAME				
STREET ADDRESS	1015 NORTH AMERICA WAY		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33132		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DAVIS, MARK S		NAME				
STREET ADDRESS	1015 NORTH AMERICA WAY		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33132		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KATSOUFIS, LAMBROS		NAME	KATSOUFIS, LAMBROS			
STREET ADDRESS	1015 NORTH AMERICA WAY SUITE 128		STREET ADDRESS	1015 N. AMERICA WAY STE 128			
CITY-ST-ZIP	MIAMI FL 33132		CITY-ST-ZIP	MIAMI, FL 33132			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lambros Katsofif* Secretary 1/28/02 305 376 8805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)