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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:48

DOCUMENT # G90378 (2)

1. Corporation Name

J. P. SHIPPING CONSULTANTS INC.

Principal Place of Business	Mailing Address
7831 NW 72ND AVENUE MEDLEY FL 33166 US	POST OFFICE BOX 60-1337 NORTH MIAMI BEACH FL 33160 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 7831 N.W. 72nd AVENUE	26 P.O. BOX 60-1337
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MEDLEY, FL.	City & State 28 N. MIAMI BEACH, FL.
Zip 24 33166 / County 25 DADE	Zip 29 33160 / County 30 DADE

3. Date Incorporated or Qualified: 01/26/1984
3a. Date of Last Report: 07/01/1994
4. FEI Number: 59-2375382 — [ ] 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 has liability for intangible tax under S. 199 032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

PEREZ, JORGE
7831 NW 72ND AVENUE
MEDLEY FL 33166

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 7831 N.W. 72nd. AVENUE
84 City MEDLEY, FLORIDA FL 85 Zip Code 33166

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEREZ, JORGE
STREET ADDRESS	7831 NW 72ND AVENUE
CITY ST ZIP	MEDLEY FL
TITLE	TSD
NAME	PEREZ, MIREYA
STREET ADDRESS	7831 NW 72ND AVENUE
CITY ST ZIP	MEDLEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(blank: 1.1–6.4 TITLE / NAME / STREET ADDRESS / CITY ST ZIP, each with [ ] Change [ ] Addition)

14. I the hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] PRESIDENT — 2-16-95 — 305-885-0565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE PEREZ

0171860 CP