

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L55137

(8)

1. Corporation Name

BLACK HAWK SHIPPING ENTERPRISES, INC.

Principal Place of Business

P.O. BOX 2425
OLD SAN JUAN PR 00902

Mailing Address

P.O. BOX 2425
OLD SAN JUAN PR 00902

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/06/1990

3a. Date of Last Report

02/04/1994

4. FEI Number

52-1669994

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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

101. D
NAME: TARBOX, THOMAS R.
STREET ADDRESS: 2 CALLE CANDINA APT 1802
CITY, ST, ZIP: CONDADO PR

102.

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

103.

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

104.

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

105.

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

106.

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

107.

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

31. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

41. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

51. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

61. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

14. I, a duly sworn officer of the State of Florida, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information and data 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the report. If it is changed, or on an attachment with an addition.

SIGNATURE:

Thomas R. Tarbox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/95

801-722-7020