FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L57359** **(6)**

1. Corporation Name

INTERNATIONAL SHIPPING PARTNERS, INC.

Principal Place of Business	Mailing Address
4770 BISCAYNE BLVD STE 1200 MIAMI FL 33137 US	4770 BISCAYNE BLVD STE 1200 MIAMI FL 33137 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **03/07/1990**

3a. Date of Last Report: **06/14/1995**

4. FEI Number: **65-0187654** ☐ 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

CLAUSSEN, KENNETH F.
44 W. FLAGLER ST.
18TH FLOOR
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: William B. Milliken

82 Street Address (P.O. Box Number is Not Acceptable): Suite 63

83 5915 Ponce De Leon Boulevard

84 City: Miami FL 85 Zip Code: 33146-1523

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] William B Milliken DATE: 5/10/96
Signature, Typed or printed name of Registered Agent and Date
(NOTE: Registered Agent signature required by law)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MORRIS, CHARMAINE D 555 NE 15TH ST., PHA/B MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 4770 Biscayne Boulevard, Ste.1200 Miami, Florida 33137
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LUND, NIELS-ERIK 555 NE 15TH STREET, PHA/B MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 4770 Biscayne Boulevard, Ste, 1200 Miami, Florida 33137
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC PIERTO, LOUIS A 555 NE 15TH STREET, PHA/B MIAMI FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ENGSTROM, KENNETH T 555 NE 15TH STREET, PHA/B MIAMI FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 4770 Biscayne Boulevard, Ste. 1200 Miami, Florida 33137
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 300001843953 -05/30/96--01017--038 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 400001843954 -05/30/96--01017--039 ***25.00

CR2E034 (12/95)

14. I do 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] CHARMAINE MORRIS — MAY 13, 1996 — (305) 573-6355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #