SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
Aug 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1990
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)

Suite, Apt. #, etc. (22): PENTHOUSE A
Suite, Apt. #, etc. (27): PENTHOUSE A

City & State (23)
City & State (28)

Zip (24) / Country (25)
Zip (29) / Country (30)

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLIKEN, WILLIAM B
5915 PONCE DE LEON BOULEVARD
SUITE 63
MIAMI FL 33146-1523

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE	DC	☐ Change ☒ Addition
NAME	MORRIS, CHARMAINE D		1.2 NAME	MILLIKEN, WILLIAM B	
STREET ADDRESS	4770 BISCAYNE BLVD		1.3 STREET ADDRESS	5915 PONCE DE LEON BOULEVARD	
CITY-ST-ZIP	MIAMI FL 33137		1.4 CITY-ST-ZIP	MIAMI, FL. 33146-1523	
TITLE	DP	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	LUND, NIELS-ERIK		2.2 NAME	MOE, LASSE	
STREET ADDRESS	4770 BISCAYNE BLVD		2.3 STREET ADDRESS	3303 N.E. MIAMI COURT	
CITY-ST-ZIP	MIAMI FL 33137		2.4 CITY-ST-ZIP	MIAMI, FL. 33137	
TITLE	DC	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PIERTO, LOUIS A		3.2 NAME		
STREET ADDRESS	555 NE 15TH STREET, PHA/B		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ENGSTROM, KENNETH T		4.2 NAME		
STREET ADDRESS	4770 BISCAYNE BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (4/97)

14. I do 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 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.

(305)573-6355