FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # L57359 (6)

1. Corporation Name
INTERNATIONAL SHIPPING PARTNERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4770 BISCAYNE BLVD PENTHOUSE A MIAMI FL 33137 US	4770 BISCAYNE BLVD PENTHOUSE A MIAMI FL 33137 US

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

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

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	MORRIS, CHARMAINE D		1.2 NAME	WINBERG, PETER
STREET ADDRESS	4770 BISCAYNE BLVD		1.3 STREET ADDRESS	DURHAM HOUSE, DURHAM STREET, THE STRAND
CITY-ST-ZIP	MIAMI FL 33137		1.4 CITY-ST-ZIP	LONDON WC2N 6HF - UNITED KINGDOM
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LUND, NIELS-ERIK		2.2 NAME	
STREET ADDRESS	4770 BISCAYNE BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137		2.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ENGSTROM, KENNETH T		3.2 NAME	
STREET ADDRESS	4770 BISCAYNE BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137		3.4 CITY-ST-ZIP	
TITLE	DC	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MILLIKEN, WILLIAM B		4.2 NAME	
STREET ADDRESS	5915 PONCE DE LEON BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MOE, LASSE		5.2 NAME	
STREET ADDRESS	2323 NE MIAMI CT		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		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 (10/97)

14. 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 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: CHARMAINE D. MORRIS/SECRETARY - FEBRUARY 5, 1998 - (305) 573-6355