

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90013 041 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M09608**

1. Corporation Name  
**ARI SHIPPING CORP.**



Principal Place of Business 275 SEVENTH AVENUE NEW YORK NY 10001	Mailing Address 275 SEVENTH AVENUE NEW YORK NY 10001
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>80 SHERIDAN BLVD</b>	2a. Mailing Address 28 <b>80 SHERIDAN BLVD</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>INWOOD, NY</b>	City & State 28 <b>INWOOD, NY</b>
Zip 24 <b>11096</b>	Country 25 <b>USA</b>
	Country 29 <b>USE</b>

3. Date Incorporated or Qualified <b>01/04/1985</b>	
4. FEI Number <b>13-3318571</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**FIDLER, ILAN (POLISHUK)**  
**2511 N.E. 135TH STREET**  
**PH-1**  
**MIAMI FL 33181**

10. Name and Address of New Registered Agent

81 Name	<b>FIDLER - ILAN</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>7225 NW 25TH ST. SUITE 201</b>
83	
84 City	<b>MIAMI</b>
85 Zip Code	<b>FL 33122</b>

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 reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	<b>PT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIDLER, ILAN</b>	1.2 NAME	
STREET ADDRESS	<b>12 HEREFORD ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREAT NECK NY. 11020</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIDLER, JUDITH</b>	2.2 NAME	
STREET ADDRESS	<b>12 HEREFORD ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREAT NECK NY 11020</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SACHCHABUTRA, SEUBSAI</b>	3.2 NAME	
STREET ADDRESS	<b>405 EAST 14TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY-10009</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address, with all other like empowered.

SIGNATURE: **X** \_\_\_\_\_ **SIGNATURE REQUIRED** **6/22/99** **516-371-7776**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)