

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR -4 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P17170** (2)

1. Corporation Name  
**KING OCEAN SERVICE DE VENEZUELA, S.A.**

Principal Place of Business Mailing Address  
**7570 NW 14TH ST. MIAMI FL 33126** **7570 NW 14TH ST. MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>12/11/1997</b>	3a. Date of Last Report <b>02/15/1994</b>
4. FEI Number <b>98-0080252</b>	Applied For <input type="checkbox"/> 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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**PATTERSON, GEORGE E., JR.  
7570 NW 14 STREET  
MIAMI FL 33128**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
B3	
B4 City	

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

TITLE	<b>PD</b>
NAME	<b>MANSUR, LUIS</b>
STREET ADDRESS	<b>TORRE LAS MERCEDES, #502E</b>
CITY - ST - ZIP	<b>CARACAS, VENEZUELA</b>
TITLE	<b>VD</b>
NAME	<b>GOMEZ, FRANK DACOSTA</b>
STREET ADDRESS	<b>TORRE LAS MERCEDES, #502E</b>
CITY - ST - ZIP	<b>CARACAS, VENEZUELA</b>
TITLE	<b>D</b>
NAME	<b>COLMENARES, LUIS MIGUEL</b>
STREET ADDRESS	<b>TORRE LAS MERCEDES, #502E</b>
CITY - ST - ZIP	<b>CARACAS, VENEZUELA</b>
TITLE	<b>D</b>
NAME	<b>DE MIRANDA, ANIBAL E.</b>
STREET ADDRESS	<b>7570 NW 14TH ST.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 applicable, or in an attachment with an address.

SIGNATURE: \_\_\_\_\_ **3/29/95** (505) **591-7595**  
Signature of Registered Agent (Date) (Telephone Number)