

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 22 1996 8:00 am
Secretary of State

DOCUMENT # **P17170 (2)**

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



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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **12/11/1987**
3a. Date of Last Report: **04/04/1995**
4. FET Number: **98-0080252**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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

**PATTERSON, GEORGE E., JR.
7570 NW 14 STREET
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 007.0502 and 007.1508, 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 007.0505, Florida Statutes.

SIGNATURE _____

Signature for the Corporation (for the use of the Registered Agent)

Signature of the Registered Agent (for the use of the Corporation)

Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANSUR, LUIS	2 NAME	
STREET ADDRESS	TORRE LAS MERCEDES, #502E	3 STREET ADDRESS	
CITY-STATE-ZIP	CARACAS, VENEZUELA	4 CITY-STATE-ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, FRANK DACOSTA	22 NAME	
STREET ADDRESS	TORRE LAS MERCEDES, #502E	23 STREET ADDRESS	
CITY-STATE-ZIP	CARACAS, VENEZUELA	24 CITY-STATE-ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLMENARES, LUIS MIGUEL	32 NAME	
STREET ADDRESS	TORRE LAS MERCEDES, #502E	33 STREET ADDRESS	
CITY-STATE-ZIP	CARACAS, VENEZUELA	34 CITY-STATE-ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE MIRANDA, ANIBAL E.	42 NAME	
STREET ADDRESS	7570 NW 14TH ST.	43 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	44 CITY-STATE-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 NAME	
3 STREET ADDRESS	
4 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
George E. Patterson, Jr.

3/18/96 591-7575
Date Date

CR2E034 (12/95)