

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

FILED

**Feb 04 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P30211 (7)
 1. Corporation Name
NETWORK SHIPPING LTD., INC.



Principal Place of Business 800 DOUGLAS ENTRANCE CORAL GABLES FL 33134	Mailing Address 800 DOUGLAS ENTRANCE CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/19/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0204942	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				FL	

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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D, AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABU-GHAZALEH, MOHAMMAD	1.2 NAME	Dudley R. Cottingham
STREET ADDRESS	800 DOUGLAS ENTRANCE	1.3 STREET ADDRESS	Century House, 16 Par-la-Ville Road
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	P O Box HM 1806 Hamilton HM HX, Bermuda
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EL-NAFFY, HANI	2.2 NAME	Arthur Morris
STREET ADDRESS	800 DOUGLAS ENTRANCE	2.3 STREET ADDRESS	Century House, 16 Par-la-Ville Road
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	P.O. Box HM 1806 Hamilton HM HX, Bermuda
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, PETER M	3.2 NAME	John F. Inserra
STREET ADDRESS	800 DOUGLAS ENTRANCE	3.3 STREET ADDRESS	800 Douglas Entrance-North Tower, 12th Floor
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Coral Gables FL 33134
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	D, V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCILLA ESTAY, SERGIO A	4.2 NAME	
STREET ADDRESS	800 DOUGLAS ENTRANCE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, BRUCE A	5.2 NAME	Bradley D. Hornbacher
STREET ADDRESS	800 DOUGLAS ENTRANCE	5.3 STREET ADDRESS	800 Douglas Entrance-North Tower, 12th Floor
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	Coral Gables FL 33134
TITLE	AST <input type="checkbox"/> DELETE	6.1 TITLE	AS, AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMESE, DANIEL	6.2 NAME	
STREET ADDRESS	800 DOUGLAS ENTRANCE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	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; that I am 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.

SIGNATURE: *Peter M. Thompson* 01-28-98 (305) 520-8400

CR2E034 (10/97)

