

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

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000013196 (8)**  
 1. Corporation Name  
**SHIPPERS, INC.**



Principal Place of Business <b>10626 S. W. 148TH AVENUE-DRIVE MIAMI FL 33196</b>	Mailing Address <b>10626 S. W. 148TH AVENUE-DRIVE MIAMI FL 33196</b>
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DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> 13077 SW 133 COURT	<b>26</b> 13077 SW 133 COURT
<b>22</b> Suite, Apt. #, etc.	<b>27</b> Suite, Apt. #, etc.
<b>23</b> City & State MIAMI, FL	<b>28</b> City & State MIAMI, FL.
<b>24</b> Zip 33186	<b>29</b> Zip 33186
<b>25</b> Country U.S.	<b>30</b> Country U.S.

<b>3.</b> Date Incorporated or Qualified <b>02/14/1994</b>	
<b>4.</b> FEI Number <b>65-0469470</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year tangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**MOORE, GREGORY A ESQ.**  
**BASF, FIRST FLOOR**  
**15225 N.W. 77TH AVENUE**  
**MIAMI LAKES FL 33014**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**11.** Pursuant to the provisions of Sections 607.050? 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**  
 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PVST</b>	<input type="checkbox"/> DELETE
NAME	<b>VINENT, PABLO R</b>	
STREET ADDRESS	<b>10626 S. W. 148TH AVENUE-DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33196</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VINENT, PABLO R</b>	
STREET ADDRESS	<b>7380 N.W. 35TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<b>PDS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	<b>VINENT, PABLO R.</b>	
<b>1.3</b> STREET ADDRESS	<b>13077 SW 133 COURT</b>	
<b>1.4</b> CITY-ST-ZIP	<b>MIAMI, FL. 33186</b>	
<b>2.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME		
<b>2.3</b> STREET ADDRESS		
<b>2.4</b> CITY-ST-ZIP		
<b>3.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME		
<b>3.3</b> STREET ADDRESS		
<b>3.4</b> CITY-ST-ZIP		
<b>4.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME		
<b>4.3</b> STREET ADDRESS		
<b>4.4</b> CITY-ST-ZIP		
<b>5.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME		
<b>5.3</b> STREET ADDRESS		
<b>5.4</b> CITY-ST-ZIP		
<b>6.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME		
<b>6.3</b> STREET ADDRESS		
<b>6.4</b> 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 on an attachment with an address.

**SIGNATURE:** *[Signature]* **DATE:** **4-22-98** **OFFICER:** **805-250-6054**

CR2E034 (10/97)