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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000092972 (4)

1. Corporation Name:
SHIPTech INC.

Principal Place of Business
3251 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Mailing Address
3251 PONCE DE LEON BLVD.
CORAL GABLES FL 33134-7201



3. Date Incorporated or Qualified 11/07/1996
3a. Date of Last Report

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCALPIN, RICHARD J
MITCHELL, MCALPIN, BRAIS & ASSOCIATES, P.A.
2650 BISCAYNE BLVD.
MIAMI FL 33137

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME DP
STREET ADDRESS HOSKINSON, LEONARD J
CITY-ST-ZIP 3251 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME DV
STREET ADDRESS MITCHELL, KEVIN
CITY-ST-ZIP 3251 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS MENENDEZ ROSS, RICARDO
CITY-ST-ZIP 27 LEADENHALL ST.
LONDON, ENGLAND EC3A 1AA

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME DV
STREET ADDRESS MENENDEZ ROSS, FELIPE
CITY-ST-ZIP 27 LEADENHALL ST.
LONDON, ENGLAND EC3A 1AA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME V
STREET ADDRESS KARUP, AJIT
CITY-ST-ZIP 3251 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME KURUP, AJIT
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME T
STREET ADDRESS ARTHUR, JOHN
CITY-ST-ZIP 3251 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

6.1 TITLE ☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/97 305-446-2000

CR2E034 (9/96)