

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 MAY 16 AM 8:45

DOCUMENT # **S18559** (2)

1. Corporation Name
MODELLO SHIPPING COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1100 N.E. 7TH AVE. **1100 N.E. 7TH AVE.**
~~SUITE B-~~ **STE. A**
DANIA FL 33004 **DANIA FL 33004**
US **US**

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified 3a. Date of Last Report
12/14/1990 **05/01/1994**
4. FEI Number Applied For
65-0231840 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
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BART HOUSTON
100 NE 3RD AVE., STE 850
FT. LAUDERDALE FL 33301

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 the # applicable (NOTE: Registered Agent signature required when restoring) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME **HOUSTON, J. EDWARD**
STREET ADDRESS **1100 ME 7TH AVE SUITE B**
CITY - ST - ZIP **DANIA FL**
TITLE S
NAME **TAGG, JOANN H.**
STREET ADDRESS **1100 NE 7TH AVE SUITE B**
CITY - ST - ZIP **DANIA FL**
TITLE ~~D-~~
NAME ~~PHIPS, ZADA B.~~
STREET ADDRESS ~~1100 NE 7TH AVENUE SUITE B~~
CITY - ST - ZIP ~~DANIA FL~~
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP
2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP
3 1 TITLE Change Addition
3 2 NAME **V/T**
3 3 STREET ADDRESS **JIMENEZ, VINCENT W.**
3 4 CITY - ST - ZIP **1100 N.E. 7th Avenue Ste A**
Dania, FL 33004
4 1 TITLE Change Addition
4 2 NAME **S**
4 3 STREET ADDRESS **HOUSTON, PATRICIA P.**
4 4 CITY - ST - ZIP **1100 N.E. 7th Avenue Ste B**
Dania, FL 33004
5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP
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 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 this 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: *Vincent W. Jimenez* Vincent W. Jimenez, VP 5/10/95 (305) 920-2581
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR (Type Name Here)