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 01 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10000146941
-05/01/95--01059--002
****400.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # L20962 (1)

1. Corporation Name
RAVENSCROFT SHIPPING INC.

Principal Place of Business
% C T CORPORATION SYSTEM
701 2665 S. BAYSHORE DR.
COCONUT GROVE FL 33131-3627

Mailing Address
701 2665 S. BAYSHORE DR.
COCONUT GROVE FL 33131-3627
US

3. Date Incorporated or Qualified: 10/06/1989
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 13-3114009 ☐ 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

9. Name and Address of Current Registered Agent

HOSKINSON, LEONARD J.
2665 SO BAYSHORE DRIVE
STE 701
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name: JOHN C. ARTHUR
82 Street Address (P.O. Box Number is Not Acceptable)
83 2665 S. BAYSHORE DR. SUITE # 701
84 City: COCONUT GROVE 85 FL Zip Code: 33133

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] JOHN C. ARTHUR
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SAFFE, DANIEL F.
STREET ADDRESS	2665 SO. BAYSHORE DR., #701
CITY ST ZIP	COCONUT GROVE FL
TITLE	DS
NAME	HOSKINSON, LEONARD J.
STREET ADDRESS	2665 SOUTH BAYSHORE DR., #701
CITY ST ZIP	COCONUT GROVE FL
TITLE	DV
NAME	MITCHELL, KEVIN
STREET ADDRESS	2665 SO BAYSHORE DR., #701
CITY ST ZIP	COCONUT GROVE FL
TITLE	T
NAME	ARTHUR, JOHN
STREET ADDRESS	2665 SO. BAYSHORE DR., #701
CITY ST ZIP	COCONUT GROVE FL
TITLE	DC
NAME	ROSS, RICARDO MENEND
STREET ADDRESS	40 DUKES PLACE, 5TH FL
CITY ST ZIP	LONDON EN
TITLE	DV
NAME	ROSS, FELIOE MENENDE
STREET ADDRESS	40 DUKES PLACE, 5TH FL
CITY ST ZIP	LONDON EN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
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 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] JOHN ARTHUR 4/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/95

0427707 FF