FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000061265 (1)**

1. Corporation Name
TICAL SHIPPING INC.

Principal Place of Business
2804 N.W. 112TH AVE.
MIAMI FL 33172

Mailing Address
2804 N.W. 112TH AVE.
MIAMI FL 33172

3. Date Incorporated or Qualified: **08/09/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 2804 N.W. 112th Avenue
Suite, Apt. #, etc.
22
City & State
23 Miami Fl
Zip 24 33172
Country 25 USA

2a. Mailing Address
26 P.O. Box 172373
Suite, Apt. #, etc.
27
City & State
28 Hialeah Fl
Zip 29 33017-2373
Country 30 USA

4. FEI Number: 65-0600208 — 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**
POMAREZ, DAISY C
2804 N.W. 112TH AVENUE
MIAMI FL 33172

10. **Name and Address of New Registered Agent**
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 is a person or entity of whom notice may be served) DATE:

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	POMARES, DAISY C	
STREET ADDRESS	6329 N.W. 181 TERRACE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	☒ DELETE
NAME	RAMIREZ, LUIS A	
STREET ADDRESS	ALAJUELA COSTA RICA	
CITY-ST-ZIP	ALAJUELA, COSTA RICA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S	☒ Change ☐ Addition
1.2 NAME	Octavio Pomares	
1.3 STREET ADDRESS	6329 N.W. 181 Terrace	
1.4 CITY-ST-ZIP	Miami Fl 33015	
2.1 TITLE	V/T	☒ Change ☐ Addition
2.2 NAME	Ramirez Luis A.	
2.3 STREET ADDRESS	Alajuela Costa Rica	
2.4 CITY-ST-ZIP	Alajuela Costa Rica	
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME	Daisy Pomares	
3.3 STREET ADDRESS	6329 N.W. 181 Terrace	
3.4 CITY-ST-ZIP	Miami Fl 33015	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 Date

305-594 4070 Daytime Phone #

CR2E034 (12/95)