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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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	Mailing Address
2804 SW 112TH AVE MIAMI FL 33172 US	PO BOX 172373 HIALEAH FL 33017-2373 US

3. Date Incorporated or Qualified: 08/09/1995	3a. Date of Last Report: 04/16/1996
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	

2. Principal Place of Business	2a. Mailing Address
21 7350 N.W 12TH STREET	26
22 Suite, Apt. #, etc. 201	27 Suite, Apt. #, etc.
23 City & State MIAMI FL	28 City & State
24 Zip 33126 25 Country USA	29 Zip 30 Country

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: POMARES DAISY C.
82 Street Address (P.O. Box Number is Not Acceptable): 6329 NW 181 TERRACE
83
84 City: MIAMI FL 85 Zip Code: 33015

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	OMARES, OCTAVIO		1.2 NAME	POMARES OCTAVIO	
STREET ADDRESS	6329 NW 181 TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RAMIREZ, LUIS A.		2.2 NAME		
STREET ADDRESS	ALAJUELA COSTA RICA		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALAJUELA CO		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	POMARES, DAISY		3.2 NAME		
STREET ADDRESS	6329 NW 181 TERR		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ OCTAVIO POMARES 4/11/97 305 594 4070