FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996DOCUMENT #

1. Corporation Name

397326

(0)

DEDMITTU	MADINE	SHIPPING.	INIC
REHNIIIH	MAKINE	SHIPPING.	ING.

Principal Place of Business Maling Address				Brok Blånt ålder biden blånt åldet åldet ståt	
3163 N.W. SO MIAMI FL 331	OUTH RIVER DRIVE 42	3163 N.W. SOUTH RIVER DRIVE MIAMI FL 33142			
				Date Incorporated or Qualified 03/13/1972	3a. Date of Last Report 04/28/1995
2. Principal Pla	ice of Business	2a. Mailing Andress		4, FB Number	Applied For
21 Suite Ant #	t etc	Suite, Apt. #, etc.		59-1394984	Not Applicable \$8.75 Additional
Suite, Apt. #	•, 810.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ziρ	Country	8. This corporation has liability for	=
24	[25]	[29]	30		□ No
	9. Name and Address of Current	Registereo Agent	81 Name	10. Name and Address of New R	egistered Agent
1401100	ANDRIOG IODOAN				
	Andilos, Jordan / 24th st RD		82 Street Add	dress (P.O. Box Number is Not Acceptab	il O)
MIAMI FL			83		
MICSMI I L	. 33142		01 01		leel 7 Cods
			84 City		FL 85 Zip Code
familiar witi SIGNATURE _	ed agent, or ooth, in the state of Florid h, and accept the obligations of Section Sgrape bjiet cripped or and directioned agents	on 607.0505, Florida Statute	(760 try the Corporation S too. 93. (015: Beginned Agent Spraine regar	and of directors. I hareby accept the app	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	VO	☐ DELETE	1 TITLE		Change Addition
NAME	MONCANDILOS, THEODORA		1.2 NAME		
STREET ADERESS	3201 NW 24TH ST RD		1.3 STREET ADDRESS		
CITY-SI-Zi2	MIAMI FL	DELETE	1 4 CHY - S1 - ZIF 2 1 TILE		Change Addition
TITLE NAME	PD Moncandilos, Jordan	L. Ottell	2.2 NAM5		Li change Li radinon
STREET ADDRESS	3201 NW 24TH ST RD		2.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		2.4 C/TY - ST - Z/P		
TITLE	T	☐ DELETE	3) TITLE		Change Addition
NAME	ISERN, JORGE E		3.2 NAME		
STREET ADDRESS	8230 SW 43RD TERR		3.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		3.4 CHY+S1-ZIP		
TITLE	S	DELETE	4 1 HTLE		Change Addition
NAME	DIAZ, LILLIA A		4.2 NAME		
STREET ADORESS	1304 SW 92ND PLACE		4.3 STREET ADDRESS		
CITY - ST - ZIF TITLE	MIAMI FL V	☐ DELETE	4 4 CITY - ST - ZIP 5 1 TITLE		Change Addition
NAME	LAMBRAKOPOULOS, JOHN		5.2 NAME		
STREET ADDRESS	3201 NW 24TH ST RD		5 3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		5.4 CiTY - S1 - ZiF		
TITLE		DELFIE	€ 1 THLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIF			6 4 C/TY - ST - Z/P		22.5
certify that oath: that	Éthe information indicated on this armu	ial report or supplemental ar ration or the receiver or trus	inual report is true and accultee empowered to execute t	for the exemption stated in Section 119 rate and that my signature shall have the his report as required by Chapter 607, Fi	same legal effect as if made under lorida Statutes; and that my name

TORGE C. TSEN-TREA

Ca, this Phose #

SIGNATURE: