

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 397326 (0)**  
 1. Corporation Name  
**BERNUTH MARINE SHIPPING, INC.**



Principal Place of Business <b>3163 N.W. SOUTH RIVER DRIVE MIAMI FL 33142</b>	Mailing Address <b>3163 N.W. SOUTH RIVER DRIVE MIAMI FL 33142-6954</b>
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3. Date Incorporated or Qualified <b>03/13/1972</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1394984</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address Suite, Apt. #, etc. 27. City & State 28. Zip Country
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9. Name and Address of Current Registered Agent <b>MONOCANDILOS, JORDAN 3201 NW 24TH ST RD MIAMI FL 33142</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>MONCANDILOS, THEODORA</b>
STREET ADDRESS	<b>3201 NW 24TH ST RD</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>MONCANDILOS, JORDAN</b>
STREET ADDRESS	<b>3201 NW 24TH ST RD</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>ISERN, JORGE E</b>
STREET ADDRESS	<b>8230 SW 43RD TERR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>DIAZ, LILLIA A</b>
STREET ADDRESS	<b>1304 SW 92ND PLACE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>LAMBRAKOPOULOS, JOHN</b>
STREET ADDRESS	<b>3201 NW 24TH ST RD</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, on an attachment with an address.

**SIGNATURE:** SIGNATURE OF JORGE E. ISERN **APR 28 1997** **305-637-8963**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 0195871

CR2E034 (9/96)