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

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

FILED May 08 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # 513690 (8)U. S. A. SHIPPING CORPORATION Principal Place of Business Mailing Address 3934 SW 8 STREET, SUITE 201 3934 SW 8 STREET. SUITE 201 MIAM! FL 33134 MIAMI FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/23/1976 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-1709473 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes ПΝο 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name CARTAYA, RACIEL 900 MALAGA AVENUE **B2** Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City 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 harne of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition CARTAYA, RACIEL SR. CR2E034 1.2 NAME 900 MALAGA AVE. STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL** CITY-S1-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE CARTAYA, RACIEL A NAME 22 NAME 900 MALAGA AVE STREET ADDRESS 2.3 STREET ADDRESS CORAL GABLES, FL 00000 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ☐ Addition CARTAYA, PATRICIA NAME 3.2 NAME 900 MALAGA AVE STREET ADORESS 3.3 STREET ADDRESS CORAL GABLES, FL 00000 CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change ☐ Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST- ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 City - ST - ZiP

14. I hereby certify that the information supplied with this filling 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 regiver or trusted 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 appear of the corporation of the regiver of trusted 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 appear of the corporation of