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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 513690

## FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90057 034 \*\*\*150.00

	SHIPPING CORPORATION						
Principal Place of Business Mailing Address					.s 100(01.01)01 tions (1410 Etilia latti	1811 BIBN GIBN 849N BIBN I	31911 91911 1891
3934 SW 8 STREET. SUITE 201 3934 SW 8 STREET. SUITE MIAMI FL 33134 MIAMI FL 33134			E 201		DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualifed		
					09/23/1976		1
2. Principal F	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Ap	plied For
21					59-1709473	No	t Applicable
Suite, Apt. #, etc.					5. Certifcate of Status Desired [	\$8.75	I
22 27						Fee Re	quired
City & State City & State			.   '		Election Campaign Financing     Trust Fund Contribution	□ \$5.00 Added 1	
Zip	Zip Country Zip			Country 8. This corporation owes the current year Intangible		year Intangible	
24	9. Name and Address of Currer		30		Personal Property Tax.	Yes	□No
	o. Hame and Address of Cuffer	v veðisteren viðaur	8	1 Name	10. Name and Address of New Reg	istered Agent	
CAR	RTAYA, RACIEL					· - :	
900 MALAGA AVENUE CORAL GABLES FL 33134			82	2 Street Addr	ress (P.O. Box Number is Not Acceptable	<b>))</b>	
			8:	3		J. 1 - 3 - 3 - 4 - 3	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
						Carrier (1985) in	4
			84	4 City	ng ngang ang ang ang ang ang ang ang ang	85 Zip C	Code
agent. I a SIGNATURE	im familiar with, and accept the obligation of t	nt and title if applicable. (NOTE:	ida Statute	S.	on's board of directors. I hereby accept the	. DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	VPT	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	CARTAYA, RACIEL SR.		1.2 NAME			•	
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP				
TITLE	S DADTAVA BACIEL A	2.1				☐ Change	☐ Addition
NAME		CARTAYA, RACIEL A					
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	CORAL GABLES, FL 00000		2.4 CiTY-ST-ZIP 3.1 TITLE			- Chanca	- Addition
NAME	R. LI DELETE CARTAYA, PATRICIA		3.2 NAME		•	☐ Change	☐ Addition
STREET ADDRESS	900 MALAGA AVE			1			
CITY-ST-ZIP	CORAL GABLES, FL 00000			TADORESS	。 第一次,1965年,1965年	建设设置	र्दे हैं संबंध
TITLE	CONAL GABLES, FL 0000	☐ DELETE	3.4. CITY 4.1 TITLE	S1-ZIP			Addition
NAME			4.2 NAME			n oimide	. C
STREET ADDRESS				TADDRESS	,		
CITY-ST-ZIP			4.4 CITY-5				
TITLE		☐ DELETE	5.1 TITLE		, m	☐ Change	Addition
NAME			5.2 NAME		, ,	-	}
STREET ADDRESS			5.3 STREE	TADDRESS			1
CITY-ST-ZIP			5.4 CITY- S	ST-ZIP			Ţ
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				ſ
STREET ADDRESS	•		6.3 STREE	TADDRESS			

CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

GNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

USIDANT 1/13/93 305.444-7714

Date Dayline Phone #

CR2E034 (11/98)