**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**
**AMOUNT DUE ON OR BEFORE 8/9/96: $228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 9:33

DOCUMENT # **556283** **(0)**

1. Corporation Name

**EMBERT SHIPPING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1721 N. W. 79TH AVENUE<br>MIAMI FL 33126<br>US | 1721 NW 79TH AVENUE<br>MIAMI FL 33126<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/19/1977**
3a. Date of Last Report: **06/13/1994**

2. Principal Place of Business
21 1325 N.W. 78 Ave.
Suite, Apt. #, etc.
22 Suite 201
City & State
23 Miami, Florida 33126
Zip 24 33126 Country 25 U.S.A.

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27 Same
City & State
28 Same
Zip 29 Same Country 30 Same

4. FEI Number: **59-1813768** ☐ 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

9. Name and Address of Current Registered Agent

**ALBORNOZ, EMMIE T.**
**1721 NW 79TH AVENUE**
**12TH FLOOR**
**MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name: Emmie T. Albornoz
82 Street Address (P.O. Box Number is Not Acceptable): 1325 N.W. 78 Ave. Suite 201
83
84 City: Miami, Fl. **FL** 85 Zip Code: 33126

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 signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19 | | |
|---|---|---|---|---|
| TITLE | P | 11 TITLE | President | ☐ Change ☐ Addition |
| NAME | ALBORNOZ, EMMIE TORRICEL | 12 NAME | Emmie T. Albornoz | |
| STREET ADDRESS | 1721 NW 79TH AVENUE | 13 STREET ADDRESS | 1325 N.W. 78 Ave. #201 | |
| CITY-ST-ZIP | MIAMI FL | 14 CITY-ST-ZIP | Miami, Fl. 33126 | |
| TITLE | | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | | 22 NAME | | |
| STREET ADDRESS | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Emmie T. Albornoz June 15, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038300 CP