

1-30-98-B-1156-C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 640042 (8)  
1. Corporation Name  
WORLD WIDE SHIPS SERVICES, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/30/1979  
4. FEI Number  
59-1986162  
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

Principal Place of Business Mailing Address  
7665 CORPORATE CENTER DRIVE  
MIAMI FL 33126  
US  
C/O ROBERT M. KRITZMAN  
7665 CORPORATE CENTER DR.  
MIAMI FL 33126  
US

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
MASE, CURTIS J. E  
2600 BRICKELL BAY OFFICE TOWER  
1001 S. BAYSHORE DRIVE  
MIAMI FL 33131

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME GOLTEUS, HANS E.  
STREET ADDRESS 7665 CORPORATE CENTER DR..  
CITY-ST-ZIP MIAMI FL  
TITLE DVST  
NAME LAMARR, COOLER  
STREET ADDRESS 7665 CORPORATE CENTER DR.  
CITY-ST-ZIP MIAMI FL  
TITLE DVT  
NAME ~~WALTERS, ROBERT M.~~  
STREET ADDRESS ~~25 MERRICK WAY~~  
CITY-ST-ZIP ~~CORAL GABLES FL~~  
TITLE DVS  
NAME KRITZMAN, ROBERT M.  
STREET ADDRESS 7665 CORPORATE CENTER DR.  
CITY-ST-ZIP MIAMI FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE: ROBERT M. KRITZMAN 1/21/98 305 436-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0173237

CR2E034 (10/97)