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

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90033 041 ***150.00



DOCUMENT # 640043

1. Corporation Name CARIBBEAN SHIPS CHANDLER, INC.

Principal Place of Business	Mailing Address			<u> </u> 				
7665 CORPORATE CENTER DR. MIAMI FL 33126 US	C/O ROBERT M. KRITZMAN 7665 CORPORATE CENTER DR. MIAMI FL 33126	M. KRITZMAN RTE CENTER DR.		DO NOT WRITE IN THIS SPACE				
US				1	Date Incorporated or Qualifed 07/30/1979			
2. Principal Place of Business	2a. Mailing Address			1 **	FEI Number 59-1964041		Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		<u> </u>		Certificate of Status Desired	.75 Additional se Required		
City & State	City & State						.00 May Be ided to Fees	
Zip Country	Zip Country			1	This corporation owes the current year Personal Property Tax.	ar Intangible		
9. Name and Address of Current F	Registered Agent			10.	Name and Address of New Registe	red Agent		
MASE, CURTIS J. E		81	Name					
2600 BRICKELL BAY OFFICE TOWER		82	Street Addres	ss (P.	O. Box Number is Not Acceptable)			
1001 S. BAYSHORE DR. MIAMI FL 33131		83						
			City	_		FL 85	Zíp Code	
 Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	Florida. Such change was authorize	ed by t	-named corpor he corporation	ration n's bo	submits this statement for the purpos and of directors. I hereby accept the a	se of changi oppointment	ng its registered as registered	
SIGNATURE Signature, typed or printed name of registered agent a	ed the if applicable (NOTE: Devictors	d Agent	signature required v	When re	einstating i QAT	-		
Signature, typed or printed name or registered agent a	······································		Signosa o Toquitoo T		ADDITIONS/CHANGES TO OFFICER		ECTORS IN 12	

agont. I di	Il lattimer triang and accopt the congenions o	,,,			•			
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTE: R	egistered Agent signature re	equired when reinstating i	DATÉ		——	
12.	OFFICERS AND DIR	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	DVT	☐ DELETE	1,1 TITLE			Change	☐ Addition	
NAME	COOLER, LAMARR		1.2 NAME		•			
STREET ADDRESS	7665 CORPORATE CENTER DR.		1.3 STREET ADORESS			•		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP					
TITLE	PD	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	BOLTEUSVINNSKEX		2.2 NAME	0-1				
STREET ADDRESS	7665 CORPORATE CENTER DR.		2.3 STREET ADDRESS	Geir Aune				
	MIAMI FL		2. 4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	DVS	☐ DELETE	3.1 TITLE		<u> </u>	☐ Change	Addition	
NAME	KRITZMAN, ROBERT M.		3.2 NAME					
STREET ADDRESS	7665 CORPORATE CENTER DR.		3.3 STREET ADDRESS	-		-	-	
	MIAMI FL		3 4. CITY-ST-ZIP					
CITY-ST-ZIP TITLE	MINIMITE	DELETE	4.1 TITLE			Change	Addition	
		C. Vection	4.2 NAME				_	
NAME								
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP		□ DELETE	4.4 CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE		☐ DEFEIE	5.1 TITLE 5.2 NAME		•	[Gridingo		
NAME			5.3 STREET ADDRESS					
STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-ST-ZIP			Choose	☐ Addition	
TITLE		☐ DELETE	6.1 TITLE			Change	☐ ₩ddistoli	
NAME			6.2 NAME		•			
STREET ADDRESS			6.3 STREET ADDRESS					
1			6.4 Citty of 7th					

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: