

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

**FILED**

**Feb 12 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 843024 (1)**  
1. Corporation Name  
**MEDITERRANEAN SHIPPING COMPANY (USA) INC.**



Principal Place of Business  
**420 FIFTH AVE.  
NEW YORK NY 10018  
US**

Mailing Address  
**420 FIFTH AVE.  
NEW YORK NY 10018-2729  
US**

3. Date incorporated or Qualified **04/16/1979** 3a. Date of Last Report **05/29/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>13-2696410</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt #, etc	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23 Zip	28 Zip	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

**9. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>ARENA, NICOLA</b>	
STREET ADDRESS	<b>16 SKYLINE DR.</b>	
CITY - ST - ZIP	<b>SHERMAN CT</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>HARTMANN, PETER W</b>	
STREET ADDRESS	<b>66 TANGLEWYLDE AVE</b>	
CITY - ST - ZIP	<b>BRONXVILLE NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HARTMANN, ROLF D</b>	
STREET ADDRESS	<b>COLEMAN COURT</b>	
CITY - ST - ZIP	<b>COLD SPG HRBR NY</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MULLANEY, JOHN J.</b>	
STREET ADDRESS	<b>621 DEMOTT AVE.</b>	
CITY - ST - ZIP	<b>BALDWIN NY</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 amendment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **2/18/97** DAYTIME PHONE #: **212-768-4200**

CR2E034 (9/96)