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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 JUN 29 AM 8:52

DOCUMENT # 856579 (8)

1. Corporation Name
SHAW CORPORATION N.V.

Principal Place of Business	Mailing Address
250 GALEN DRIVE STE. 54 KEY BISCAYNE FL 33149	250 GALEN DRIVE STE. 54 KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1983
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business
21: 10240 S.W. 102 TR
Suite, Apt. #, etc. 22:
City & State 23: MIAMI, FL.
Zip 24: 33176 County 25: DADE

2a. Mailing Address
26: 10240 S.W. 102 TR.
Suite, Apt. #, etc. 27:
City & State 28: MIAMI, FL.
Zip 29: 33176 County 30: DADE.

4. FEI Number: NOT APPLICABLE ☐ 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

PALOMARES, ALBERTO M.
250 GALEN DRIVE, STE. 54
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name: MARTHA P. GOVIN
82 Street Address (P.O. Box Number is Not Acceptable): 10240 S.W. 102 TR.
83: MIAMI
84 City: FL 85 Zip Code: 33176

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: Martha Govin MARTHA P. GOVIN 06-20-95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GANCIA, CAMILO V.	12 NAME	
STREET ADDRESS	CASTEX 3461-2DO, 1425	13 STREET ADDRESS	
CITY ST ZIP	BUENOS AIRES, ARGENT	14 CITY ST ZIP	
TITLE	VD	21 TITLE VD (RESIDENT AGENT) MGNG DIRECTOR	☒ Change ☐ Addition
NAME	PALOMARES, ALBERTO M.	22 NAME MARTHA P. GOVIN	
STREET ADDRESS	250 GALEN DRIVE, #54	23 STREET ADDRESS 10240 S.W. 102 TR	
CITY ST ZIP	KEY BISCAYNE FL	24 CITY ST ZIP MIAMI, FL. 33176	
TITLE	MD	31 TITLE	☐ Change ☐ Addition
NAME	GANCIA, PATRICIA STEGMAN	32 NAME	
STREET ADDRESS	3410 FIGUEROA ALCORTA	33 STREET ADDRESS	
CITY ST ZIP	BUENOS AIRES, ARGENT	34 CITY ST ZIP	
TITLE	MD	41 TITLE	☐ Change ☐ Addition
NAME	GOVIN, MARTHA KP.	42 NAME	
STREET ADDRESS	10240 SW 102 TERR.	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	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	

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. 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: Martha Govin 06/20/95 305-596-0356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARTHA P. GOVIN

0102024 CP