FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAY -7 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003666 (5)**

1. Corporation Name
TRICOM SHIPPING AGENCIES, INC.

Principal Place of Business	Mailing Address
80 GRAND AVE. SUITE 700 OAKLAND CA 94612	80 GRAND AVE. SUITE 700 OAKLAND CA 94612

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: 08/09/1993
3a. Date of Last Report: 02/08/1994
4. FEI Number: 94-3001585 ☐ 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

DOWLING, MICHAEL
1421 WEST CYPRESS CREEK RD.
CROWN CENTER #300
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

01 Name: DOWLING, MICHAEL
02 Street Address (P.O. Box Number is Not Acceptable): 1451 WEST CYPRESS CREEK RD.
03: CROWN CENTER #300
04 City: FT. LAUDERDALE FL 05 Zip Code: 33309

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 mandatory)

12. OFFICERS AND DIRECTORS	
TITLE	DC
NAME	HARTMANN, ROLF
STREET ADDRESS	61 BROADWAY
CITY-ST-ZIP	NEW YORK NY 10006
TITLE	DVC
NAME	WITH-SEIDELNN
STREET ADDRESS	80 GRAND AVE., STE. 700
CITY-ST-ZIP	OAKLAND CA
TITLE	DP
NAME	FOO, T D
STREET ADDRESS	80 GRAND AVE., STE. 700
CITY-ST-ZIP	OAKLAND CA 94612
TITLE	DVP
NAME	MONGNO, PATRICK
STREET ADDRESS	61 BROADWAY
CITY-ST-ZIP	NEW YORK NY 10006
TITLE	TS
NAME	HARBARTH, MICHAEL V
STREET ADDRESS	80 GRAND AVE., STE. 700
CITY-ST-ZIP	OAKLAND CA 94612
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	DELETE	☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	DP FOO, CEDRIC 80 GRAND AVE. #700 OAKLAND - CA - 94612	☑ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		☐ Change ☐ Addition

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: TREASURER/CONTROLLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0493260 FP