

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 21 1997 8:00am
Secretary of State

DOCUMENT # **F94000000758 (2)**

1. Corporation Name
GALVESTON SHIPHOLDING GROUP, INC.



Principal Place of Business
**100 S. BISCAYNE BLVD., STE. 700
MIAMI FL 33131**

Mailing Address
**100 S. BISCAYNE BLVD., STE. 700
MIAMI FL 33131-2037**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified
02/16/1994

3a. Date of Last Report
07/08/1996

4. FEI Number
13-3716487

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

**FRASER, LEWIS A
100 S. BISCAYNE BLVD., STE. 700
MIAMI FL 33131**

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 607.05(2) 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 required for all changes except those that are not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY-STATE-ZIP

12.2

NAME

STREET ADDRESS

CITY-STATE-ZIP

12.3

NAME

STREET ADDRESS

CITY-STATE-ZIP

12.4

NAME

STREET ADDRESS

CITY-STATE-ZIP

12.5

NAME

STREET ADDRESS

CITY-STATE-ZIP

12.6

NAME

STREET ADDRESS

CITY-STATE-ZIP

12.7

NAME

STREET ADDRESS

CITY-STATE-ZIP

12.8

NAME

**DPS
FRASER, LEWIS A
100 S. BISCAYNE BLVD., STE. 700
MIAMI FL 33131**

☐ DELETE

**D
FRASER, LEWIS A
100 S BISCAYNE BLVD SUITE 700
MIAMI FL**

☐ DELETE

**S
GIESEKING, THOMAS
100 S. BISCAYNE BLVD., STE. 700
MIAMI FL**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/97

Date

305-377-2366

Telephone

0173136

CR2E034 (9/96)