

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

FILED

May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000004325 (6)**

1. Corporation Name

**KING OCEAN SERVICES, S.A.**

Principal Place of Business

**7570 N.W. 14TH STREET  
MIAMI FL 33126**

Mailing Address

**7570 N.W. 14TH STREET  
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/19/1994**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**PATTERSON JR, GEORGE E  
7570 N.W. 14TH STREET  
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name

**Carlos Perdomo**

82 Street Address (P.O. Box Number Is Not Acceptable)

**7570 N.W. 14TH STREET**

83

84 City

**MIAMI**

FL

85 Zip Code

**33126**

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

Signature: typed or printed name of registered agent and title, if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	<b>MANSUR, LUIS E</b>	
STREET ADDRESS	<b>DRUVEN STRAAT #10</b>	
CITY - ST - ZIP	<b>ORANJESTAD, ARUBA</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>GOMEZ, FRANK D</b>	
STREET ADDRESS	<b>P.O. BOX 345</b>	
CITY - ST - ZIP	<b>ZEELANDIA Z/N CURACAO</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>GOMEZ, JOSE F</b>	
STREET ADDRESS	<b>P.O. BOX 345</b>	
CITY - ST - ZIP	<b>ZEELANDIA Z/N CURACAO</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>PATTERSON JR., GEORGE E</b>	
STREET ADDRESS	<b>7570 N.W. 14TH STREET</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>PERDOMO, CARLOS M</b>	
STREET ADDRESS	<b>7570 N.W. 14TH STREET</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
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 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.

SIGNATURE:

*[Signature]*

4/23/98 (205) 591-795

CR2E034 (10/97)