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

APPROVED AND FILED
95 MAY -1 PM 2: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004436 (1)

1. Corporation Name
ALONSO SHIPPING COMPANY

Principal Place of Business
P.O. BOX 523927
MIAMI FL 33152

Mailing Address
P.O. BOX 523927
MIAMI FL 33152

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1994
3a. Date of Last Report: 8/26/94
4. FEI Number: 72-0791349 — 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

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent
ALONSO, MANUEL
2451 BRICKELL AVENUE, #14-E
MIAMI FL 33149

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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALONSO, MANUEL
STREET ADDRESS	2451 BRICKELL AVENUE, APT #14-E
CITY-ST-ZIP	MIAMI FL
TITLE	VTD
NAME	~~ALONSO, AMPARO~~
STREET ADDRESS	~~2451 BRICKELL AVENUE, APT #14-E~~
CITY-ST-ZIP	~~MIAMI FL~~
TITLE	SD
NAME	SEGURA, ANA M
STREET ADDRESS	13951 SW 66 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	COELLO, JESUS J
STREET ADDRESS	11860 SW 25 TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
(☐ Change ☐ Addition — blank)

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: ✓ [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 11th/1995 Date — 59208050 Daytime Phone #

04290355 FP