

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

PROFIT.
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90100 044 ***158.75

DOCUMENT # F98000004265

1. Corporation Name

TOPAZ INTERNATIONAL SHIPPING, INC.

Principal Place of Business
1015 NORTH AMERICA WAY
MIAMI FL 33132

Mailing Address
1015 NORTH AMERICA WAY #128
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1998

4. FEI Number

65-0843216

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVID, MARK S
1015 NORTH AMERICA WAY
MIAMI FL 33132

10. Name and Address of New Registered Agent

81. Name

DAVIS, MARK S

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

1015 North America Way #128

83.

84. City

Miami

FL

85. Zip Code
33132

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
CS	KOLK, GLENN G	520 BRICKELL KEY #1606	MIAMI FL	<input type="checkbox"/>
D	KOLK, HILDA	520 BRICKELL KEY #1606	MIAMI FL	<input type="checkbox"/>
D	MCAULIFFE, DARBY	520 BRICKELL KEY #1606	MIAMI FL	<input type="checkbox"/>
P	KATSOUFIS, PARIS G	1015 NORTH AMERICA WAY	MIAMI FL 33132	<input type="checkbox"/>
V	IPLIXIAN, NICO	1015 NORTH AMERICA WAY	MIAMI FL 33132	<input checked="" type="checkbox"/>
T	DAVIS, MARK S	1015 NORTH AMERICA WAY	MIAMI FL 33132	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE: Mark S Davis MARK S DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

Date

305-376-8600

Daytime Phone #

0191619

CR2E034 (11/98)