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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H49334 (6)

1. Corporation Name
PATEL SHIPPERS, INC.

Principal Place of Business
250 SOUTH KROME AVENUE
HOMESTEAD FL 33030

Mailing Address
250 SOUTH KROME AVENUE
HOMESTEAD FL 33030-7202



3. Date Incorporated or Qualified 03/26/1985
3a. Date of Last Report 03/26/1996

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27
23 City & State 28
Zip Country Zip Country

24 25 29 30
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

10. Name and Address of New Registered Agent

PATEL, SUDHIRKUMAR R.
250 SOUTH KROME AVENUE
HOMESTEAD FL 33030

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, SUDHIRKUMAR R.	12 NAME	
STREET ADDRESS	250 SOUTH KROME AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	14 CITY-ST-ZIP	
TITLE	VTS <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, DAKSHABEN S.	22 NAME	
STREET ADDRESS	250 SOUTH KROME AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, DAKSHABEN S.	32 NAME	
STREET ADDRESS	250 SOUTH KROME AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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, changed, or on an attachment with an address.

SIGNATURE:

SUDHIRKUMAR R. PATEL 1/24/97 305-246-0075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)