

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H64586**

(1)

1. Corporation Name

CARIBBEAN SHIPPING, INC.



Principal Place of Business

Mailing Address

**7335 N.W. 31ST
(P.O. BOX 52-1178)
MIAMI FL 33122-1240
US**

**P.O. 52-1178
(P.O. BOX 52-1178)
MIAMI FL 33152-1178
US**

3. Date Incorporated or Qualified

07/01/1985

3a. Date of Last Report

01/31/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

4. FEI Number

59-2556131

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

10. Name and Address of New Registered Agent

**RIVERO, JUAN C.
2555 COLLINS AVE, APT. 2206
MIAMI BCH FL 33140**

81 Name

RIVERO, JUAN C.

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

433 W. 45TH PLACE

83

84 City

HIALEAH,

FL

85 Zip Code

33012

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 607.0501, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent or director)

Signature (typed or printed name of registered agent or director)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**PTD
RIVERO, JUAN C. (CHAIR)
433 W. 45TH PLACE
HIALEAH FL**

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**VD
RIVERO, JORGE H., JR.
2555 COLLINS AVE., STE. 2206
MIAMI BCH. FL**

☐ DELETE

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**VSD
RIVERO, JOSEFINA
2555 COLLINS AVE., STE. 2406
MIAMI BCH. FL**

☐ DELETE

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**C
RIVERO, JORGE H. S
2555 COLLINS AVE., STE. 2406
MIAMI BCH. FL**

☐ DELETE

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY-STATE-ZIP

☐ Change ☐ Addition

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)(k), 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

JUAN C. RIVERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/96

(305) 591-3945

DATE

Telephone Number

CR2E034 (12/95)