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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:18

DOCUMENT # **K09856** **(1)**

1. Corporation Name
CARIB OCEAN SHIPPING, INC.

Principal Place of Business	Mailing Address
3705 NW SOUTH RIVER DRIVE MIAMI FL 33142 - 3	3705 NW SOUTH RIVER DRIVE MIAMI FL 33142 - 3

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1987	3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0040633	☐ 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	2a. Mailing Address
21	25 5209 N.W. 74th Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 213
City & State 23	City & State 28 MiamiF Fl.
Zip 24 / County 25	Zip 29 33166 / Country 30 Dade

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOPEZ, JUAN F. 3705 NW SOUTH RIVER DR MIAMI FL 33142 ,	81 Name: OMELIO RAMIREZ 82 Street Address (P.O. Box Number is Not Acceptable): 5209 N.W. 74th Avenue 83 84 City: Miami FL 85 Zip Code: 33166

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: Omelio Ramirez DATE
(Appointed Agent's signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☒ Change ☐ Addition DPT
NAME	LOPEZ, JUAN F.	12 NAME	OMELIO RAMIREZ
STREET ADDRESS	3705 NW SOUTH RIVER DR	13 STREET ADDRESS	5209 N.W. 74th Ave. Suite 213
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami Fl. 33166
TITLE	SVP	21 TITLE	☐ Change ☐ Addition
NAME	PACHECO, ISRAEL	22 NAME	N/A
STREET ADDRESS	3705 NW SOUTH RIVER DR	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I (We) 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 of changed, or on an attachment with an address.

SIGNATURE: Omelio Ramirez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Omelio Ramirez - President
Date: 6/23/95
Telephone Number: 205-

0162470 CP