FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 5-1-95 B.6402C

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

APPROVED AND FILED

95 MAY -1 AM 5:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K41897** (5)

1. Corporation Name

ANTILLEAN MARINE SHIPPING, CORP.

Principal Place of Business	Mailing Address
3038 NW NORTH RIVER DR MIAMI FL 33142	3038 NW NORTH RIVER DR MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1988
3a. Date of Last Report: 01/25/1994
4. FEI Number: 65-0097587 — 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ARAZOZA & COMAS PA 101 MADEIRA AVE MIAMI FL	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PD	TITLE	VP	☐ Change ☒ Addition
NAME	BABUN, ADELA	NAME	BABUN JR., SANTIAGO	
STREET ADDRESS	836 SOROLLA AVE	STREET ADDRESS	8771 SW 56 ST.	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	MIAMI, FL. 33156	
TITLE	VTD	TITLE	D/CEVP	☒ Change ☐ Addition
NAME	BABUN, JOSE	NAME	BABUN, JOSE	
STREET ADDRESS	3160 NW 14 ST	STREET ADDRESS	3160 NW 14 ST	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI, FL	
TITLE	S	TITLE		☐ Change ☒ Addition
NAME	ALVAREZ, ELIO R.	NAME	BABUN, SARA CRISTINA	
STREET ADDRESS	3038 NW NORTH RIVER DR	STREET ADDRESS	9250 SW 69 ST.	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI, FL. 33173	
			(TITLE)T/CFO	
TITLE		TITLE	D	☐ Change ☒ Addition
NAME		NAME	PADRON, CANDIDO	
STREET ADDRESS		STREET ADDRESS	701 MAJORCA AVENUE	
CITY-ST-ZIP		CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		TITLE	D	☐ Change ☒ Addition
NAME		NAME	SUAREZ, XAVIER	
STREET ADDRESS		STREET ADDRESS	201 S. BISCAYNE BLVD., SUITE 1500	
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		TITLE	VP	☐ Change ☒ Addition
NAME		NAME	FADEL, JOSEPH	
STREET ADDRESS		STREET ADDRESS	ONE ALHAMBRA CIRCLE, #407	
CITY-ST-ZIP		CITY-ST-ZIP	CORAL GABLES, FL 33134	

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: Adela Babun ADELA BABUN — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 — Date — Daytime Phone #

PLEASE SIGN & DATE

0152078 CP