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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **K41897** **(5)**

1. Corporation Name

**ANTILLEAN MARINE SHIPPING, CORP.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3038 NW NORTH RIVER DR<br>MIAMI FL 33142 | 3038 NW NORTH RIVER DR<br>MIAMI FL 33142 |

3. Date Incorporated or Qualified: **10/28/1988**

3a. Date of Last Report: **05/01/1995**

| | |
|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

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

9. Name and Address of Current Registered Agent

**ARAZOZA & COMAS PA**
**101 MADEIRA AVE**
**MIAMI FL**

10. Name and Address of New Registered Agent

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 | VP | ☐ DELETE | 1.1 TITLE | P | ☐ Change ☑ Addition |
| NAME | BABUN, SANTIAGO J | | 1.2 NAME | SARA C. BABUN | |
| STREET ADDRESS | 8771 SW 56 ST | | 1.3 STREET ADDRESS | 9250 SW 69 ST | |
| CITY-ST-ZIP | MIAMI FL 33165 | | 1.4 CITY-ST-ZIP | MIAMI. FL 33173 | |
| TITLE | DCEV | ☑ DELETE | 2.1 TITLE | T | ☐ Change ☑ Addition |
| NAME | P | | 2.2 NAME | JOSE C. PADRON | |
| STREET ADDRESS | 3160 NW 14 ST | | 2.3 STREET ADDRESS | 5766 NW 98CT | |
| CITY-ST-ZIP | MIAMI FL | | 2.4 CITY-ST-ZIP | MIAMI. FL 33178 | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ALVAREZ, ELIO R | | 3.2 NAME | | |
| STREET ADDRESS | 3038 NW NORTH RIVER DR | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☑ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PADRON, CANDIDO | | 4.2 NAME | | |
| STREET ADDRESS | 701 MAJORCA AVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL GABLES FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☑ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SAUAREZ, XAVIER | | 5.2 NAME | | |
| STREET ADDRESS | 201 S BISCAYNE BLVD., STE 1500 | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | VP | ☑ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FADEL, JOSEPH | | 6.2 NAME | | |
| STREET ADDRESS | ONE ALHAMBRA CIRCLE #407 | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL GABLES FL | | 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

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:** _____ (President & Director) 2/13/96 (305) 633-6361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #