

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K41897** (5)

1. Corporation Name
ANTILLEAN MARINE SHIPPING, CORP.



Principal Place of Business 3038 NW NORTH RIVER DR MIAMI FL 33142	Mailing Address 3038 NW NORTH RIVER DR MIAMI FL 33142-6338
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3. Date Incorporated or Qualified 10/28/1988	3a. Date of Last Report 02/26/1996
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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

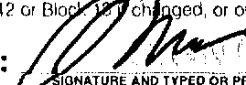
9. Name and Address of Current Registered Agent KELLEY, ALLAN R ESQ. 100 S.E. 2ND ST. 17th FLOOR MIAMI FL 33131	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (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	☐ Change ☒ Addition
NAME	BABUN, SANTIAGO J	1.2 NAME	BABUN, JOSE
STREET ADDRESS	8771 SW 56 ST	1.3 STREET ADDRESS	3160 NW 14 ST
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL
TITLE	P. BABUN, SARA C. ☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	BABUN, SARA C.	2.2 NAME	BABUN, MIREYA
STREET ADDRESS	9250 SW 69TH STREET	2.3 STREET ADDRESS	1714 FARDINAND ST
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	CORAL GABLES, FL
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	ALVAREZ, ELIO R	3.2 NAME	BABUN, JOSE J.
STREET ADDRESS	3038 NW NORTH RIVER DR	3.3 STREET ADDRESS	2945 NW 21 TERR.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PADRON, JOSE C	4.2 NAME	
STREET ADDRESS	5768 NW 98TH COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, if changed, or on an attachment with an address.

SIGNATURE:  **JOSE C. PADRON** 1-28-97 (305) 633-6361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)