

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90186 016 \*\*\*150.00

DOCUMENT # K58511

1. Corporation Name  
STELLAR MARITIME SERVICES, INC.

Principal Place of Business

2650 BISCAYNE BLVD  
MIAMI FL 33137  
US

Mailing Address

2650 BISCAYNE BLVD  
MIAMI FL 33137  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1989

4. FEI Number

65-0096119

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 12805 SW 84 AVE RD

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33156

Country

25 USA

2a. Mailing Address

26 12805 SW 84 AVE RD

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33156

Country

30 USA

9. Name and Address of Current Registered Agent

HARRIS, WILLIAM P  
9300 S. DADELAND BLVD., STE. 308  
MIAMI FL 33156

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

TITLE DP  
NAME FRASER, LEWIS A.  
STREET ADDRESS 100 SO. BISCAYNE BLVD, STE 700  
CITY-ST-ZIP MIAMI FL

TITLE VP  
NAME FRASER, LEWIS A. II  
STREET ADDRESS 100 SO. BISCAYNE BLVD, STE 700  
CITY-ST-ZIP MIAMI FL

TITLE S  
NAME HARRIS, WILLIAM P  
STREET ADDRESS 9300 S DADELAND BLVD., STE 308  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034(1/98)