

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

Apr 16 1996 8:00 am

Secretary of State

DOCUMENT # P93000073415 (0)

1. Corporation Name

NICK SHIPPING LINE CORP.



Principal Place of Business  
7985 NW 21ST ST.  
MIAMI FL 33122

Mailing Address  
7985 NW 21ST ST.  
MIAMI FL 33122

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br>10/22/1993  | 3a. Date of Last Report<br>03/21/1995 |
| 4. FEI Number<br>65-0457880  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|  |  |
|--|--|
| 2. Principal Place of Business<br>21 4429 NW 97 AVE<br>Suite, Apt. #, etc.<br>22 City & State<br>23 MIAMI, FL<br>Zip<br>24 33178 | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28<br>Zip<br>29<br>Country<br>25 USA<br>30 |
|--|--|

9. Name and Address of Current Registered Agent

URIBE, ANGELICA PEREZ  
7985 NW 21ST ST.  
MIAMI FL 33122

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE *Angelica Perez*

| 12. OFFICERS AND DIRECTORS                     |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>PEREZ-URIBE, ANGELICA<br>7985 NW 21ST ST.<br>MIAMI FL | 1.1 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                            | 2.1 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                            | 3.1 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                            | 4.1 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                            | 5.1 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                            | 6.1 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLERK DAYTON & PHOENIX #

CR2E034 (12/95)