

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # L69032 (5)

1. Corporation Name

EUROPEAN & GENERAL SHIPPING, INC.



Principal Place of Business

Mailing Address

8300 NW 53RD ST
 STE. 308
 MIAMI FL 33166
 US

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 STE. 308
 MIAMI FL 33166
 US

3. Date Incorporated or Qualified
04/30/1990

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

4. FET Number
65-0193287

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.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

999 Ponce de Leon

Suite 715

Coral Gables, FL

33134

US

9. Name and Address of Current Registered Agent

PADIAL, JOSE I., CPA
~~**999 PONCE DE LEON #740-**~~
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address, P.O. Box Number is Not Acceptable
999 Ponce de Leon

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature expires when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	DEDOMENICI, MICHAEL	
STREET ADDRESS	49 KENMORE RD	
CITY-ST-ZIP	KENT, ENGLAND	
TITLE	D	☐ DELETE
NAME	DEE, ALAN	
STREET ADDRESS	75 HERVEY RD	
CITY-ST-ZIP	LONDON, ENGLAND	
TITLE	D	☐ DELETE
NAME	PETO, RONALD B. P.	
STREET ADDRESS	44 BECKENHAM HILL RD	
CITY-ST-ZIP	LONDON, ENGLAND	
TITLE	D	☐ DELETE
NAME	PENA, LINDA	
STREET ADDRESS	19011 STERLING DR.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	☐ Change ☐ Addition
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	☐ Change ☐ Addition
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	☐ Change ☐ Addition
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	☐ Change ☐ Addition
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	☐ Change ☐ Addition
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	☐ Change ☐ 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Director, Ronald B. Peto
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rets

8-6-96 (305)443-8010

CR2E034 (3/96)