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FILED
Jun 18, 2002 8:00 am
Secretary of State
05-22-2002 90160 039 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L79696

1. Entity Name
SHIP CONSTRUCTION & FUNDING SERVICES (USA), INC.

Principal Place of Business	Mailing Address
9200 S DADELAND BLVD., STE. 517 MIAMI FL 33156	9200 S DADELAND BLVD., STE. 517 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2 GROVE ISLE DRIVE		2 GROVE ISLE DRIVE	
Suite, Apt. #, etc.: 1810		Suite, Apt. #, etc.: 1810	
City & State: COCONUT GROVE, FL		City & State: COCONUT GROVE, FL	
Zip: 33133	Country: U.S.A.	Zip: 33133	Country: U.S.A.

4. FEI Number 22-2547968 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHALIT, MICHAEL
9200 S. DADELAND BLVD., STE. #517
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name ELIE SCHALIT
Street Address (P.O. Box Number is Not Acceptable) 2 GROVE ISLE DRIVE #1810
City COCONUT GROVE FL Zip Code 33133

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] 06/12/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHALIT, MICHAEL 10078 S.W. 125TH ST. MIAMI FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition DELETE- SEE ATTACHED SCHALIT, MICHAEL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHALIT, ELIE TWO GROVE ISLE DR., #1810 MIAMI FL 33133 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED 305-285-4783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment # 35812 document # L 79696

STATE OF FLORIDA

Attachment # L 79696 79611

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH

FLORIDA

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NO.

DECEDENT

1. DECEDENT'S NAME — FIRST: MICHAEL — MIDDLE: — LAST: SCHALIT — 2. SEX: MALE

3. DATE OF DEATH (Month, Day, Year): JULY 26, 2001 — 4. SOCIAL SECURITY NUMBER: 044-50-3701 — 5a. AGE-Last Birthday (years): 48 — 5b. UNDER 1 YEAR: Months / Days — 5c. UNDER 1 Day: Hours / Minutes

6. DATE OF BIRTH (Month, Day, Year): JULY 21, 1953 — 7. BIRTHPLACE (City and State or Foreign Country): NEW YORK CITY, NEW YORK — 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): NO

9a. PLACE OF DEATH (Check only one; see instructions on other side): HOSPITAL: Inpatient X ER/Outpatient DOA OTHER: Nursing Home Residence Other (Specify) — 9b. INSIDE CITY LIMITS? (Yes or No): YES

9c. FACILITY NAME (If not institution, give street and number): JACKSON SOUTH COMMUNITY HOSPITAL — 9d. CITY, TOWN, OR LOCATION OF DEATH: MIAMI — 9e. COUNTY OF DEATH: MIAMI-DADE

10a. DECEDENT'S USUAL OCCUPATION: SHIP BROKER — 10b. KIND OF BUSINESS/INDUSTRY: MARINE — 11. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): MARRIED — 12. SURVIVING SPOUSE (If wife, give maiden name): NINA WEISBERG

13a. RESIDENCE – STATE: FLORIDA — 13b. COUNTY: MIAMI-DADE — 13c. CITY, TOWN, OR LOCATION: MIAMI — 13d. STREET AND NUMBER: 10078 S.W. 125TH STREET

13e. INSIDE CITY LIMITS? (Yes or No): NO — 13f. ZIP CODE: 33176 — 14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes – If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.): X No Yes — Specify: — 15. RACE – American Indian, Black, White, etc. Specify: WHITE — 16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0 - 12): — College (1-4 or 5 +): 4

PARENTS

17. FATHER'S NAME (First, Middle, Last): ELIEZER SCHALIT — 18. MOTHER'S NAME (First, Middle, Maiden Surname): HARRIET BRODY

19a. INFORMANT'S NAME (Type/Print): NINA SCHALIT — 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 10078 S.W. 125TH STREET MIAMI, FLORIDA 33176

DISPOSITION

20a. METHOD OF DISPOSITION: Burial X Cremation Removal from State; Donation Other (Specify) — 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): GOLDCOAST CREMATORY — 20c. LOCATION – City or Town, State: FT. LAUDERDALE, FLORIDA

Part Ia

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Stanley P. Evans — 21b. LICENSE NUMBER (or Licensee): 2843 — 21c. NAME AND ADDRESS OF FACILITY: RIVERSIDE-GORDON MEMORIAL CHAPEL 1717 SW 37 AVENUE MIAMI, FLORIDA 33145

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN Only

22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) ▶ — 22b. DATE SIGNED (Mo., Day, Yr.): 7-30-2001 — 22c. HOUR OF DEATH: 1:00 A M — 22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To Be Completed by MEDICAL EXAMINER

23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) ▶ — 23b. DATE SIGNED (Mo., Day, Yr.) — 23c. HOUR OF DEATH — M — 23d. MEDICAL EXAMINER'S CASE #

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): DONNA G. BLYTHE MD 7000 SW 62 AVENUE #300 MIAMI, FLORIDA 33143

25a. SUBREGISTRAR – SIGNATURE AND DATE ▶ — 25b. LOCAL REGISTRAR – SIGNATURE ▶ Maurice Vanlier — 25c. DATE REGISTERED: JUL 31 2001 MV

CAUSE OF DEATH BY CERTIFIER

Part II

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. — Approximate Interval: Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) ▶ a. Sudden Death Syndrome

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

b. DUE TO (OR AS A CONSEQUENCE OF): Cardiac Arrhythmia

c. DUE TO (OR AS A CONSEQUENCE OF):

d. DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

27a. WAS AN AUTOPSY PERFORMED? (Yes or No): NO — 27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) — 28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No): YES

32e.

29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes No — 30a. IF SURGERY IS MENTIONED IN PART I or II, ENTER CONDITION FOR WHICH IT WAS PERFORMED — 30b. DATE OF SURGERY (Mo., Day, Year)

31. PROBABLE MANNER OF DEATH (Specify): Natural, accident, suicide, homicide, or undetermined — 32a. DATE OF INJURY (Month, Day, Year) — 32b. TIME OF INJURY: M — 32c. INJURY AT WORK? (Yes or No) — 32d. DESCRIBE HOW INJURY OCCURRED

32f.

32g. PLACE OF INJURY – At home, farm, street, factory, etc. (Specify) — 32h. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DH 512, 5/96 (Replaces HRS Form 512)

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY Maurice Vanlier — AUG 01 2001 — State Registrar

VOID IF ALTERED OR ERASED

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

12504603

DOH FORM 1584 (10/99)

FLORIDA DEPARTMENT OF HEALTH

CERTIFICATION OF VITAL RECORD