


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 26 AM 1:32	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L98000001336		1a. Principal Place of Business Address	
AFRICA SHIPPING LLC 1323 SOUTHEAST 17TH STREET, #155 FORT LAUDERDALE FL 33316-1707 <i>99-AP-UM</i>				1323 SOUTHEAST 17TH STREET, FORT LAUDERDALE FL 33316	
2. Principal Place of Business 3189 BEAR PATH Suite, Apt. #, etc.		2a. Mailing Address 3189 BEAR PATH Suite, Apt. #, etc.		3. Date Organized or Qualified 08/04/1998	
City & State KISSIMMEE FL		City & State KISSIMMEE FL		3a. State of Formation FL	
Zip 34746-4684		Country USA		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		Name VIVIANNE RYBACZUK Street Address (P.O. Box Number is Not Acceptable) 3189 BEAR PATH Suite, Apt. #, etc. City KISSIMMEE FL Zip Code 34746-4684			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE <i>Ryback</i> VIVIANNE RYBACZUK DATE 3/9/99 <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when reappointing)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRY	RYBACZUK, BERT	1323 SOUTHEAST 17TH STREET		FORT LAUDERDALE FL	
MGRY	RYBACZUK, VIVIANNE	1323 SOUTHEAST 17TH STREET		FORT LAUDERDALE FL	
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>Bert Ryback</i> BERT RYBACZUK 3/9/99 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>					