FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # M55091 (6)

1. Corporation Name

TRANS-HEMISPHERE SHIPPING SERVICES CORPORATION

Principal Place of Business: ~~1325 NW 78TH AVE SUITE 203 MIAMI FL 33126~~ US

Mailing Address: ~~PO BOX 524031 MIAMI FL 33152 US~~

2. Principal Place of Business: 21 x 1900 S. 20th Street	2a. Mailing Address: 26 x 1900 S. 20th Street
Suite, Apt. #, etc.: 22 x	Suite, Apt. #, etc.: 27 x
City & State: 23 TAMPA, FLORIDA	City & State: 28 x TAMPA, Florida
Zip: 24 x 33605 — Country: 25 USA	Zip: 29 x 33605 — Country: 30 x USA

3. Date Incorporated or Qualified: 07/07/1987
3a. Date of Last Report: 04/24/1995
4. FEI Number: 59-2823358 — ☐ 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

9. Name and Address of Current Registered Agent

~~JACOMINO, ARMANDO~~
~~2920 S.W. 121 AVE.~~
~~MIAMI FL 33175~~

10. Name and Address of New Registered Agent

81 Name: ROBERT GARELLI
82 Street Address (P.O. Box Number is Not Acceptable): x 8511 BRIAR GROVE CIR.
83 x
84 City: x TAMPA, FL 85 Zip Code: x 33615

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: x [signature] — x Aug. 1, 1996
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	☒ DELETE	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	~~JACOMINO, ARMANDO~~		1.2 NAME	ROBERT GARELLI
STREET ADDRESS	~~2920 S.W. 121 AVE~~		1.3 STREET ADDRESS	8511 BRIAR GROVE CIRCLE
CITY-ST-ZIP	~~MIAMI FL~~		1.4 CITY-ST-ZIP	TAMPA, FLORIDA 33615
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: x [signature] — x Aug. 1, 1996 — (813) 248-8235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)