FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12599 (7)

1. Corporate Name
MAJESTIC SHIPPING SERVICES CORP.

Principal Place of Business
667 MADISON AVE.
NEW YORK NY 10021
US

Mailing Address
ONE PARK AVE.
TAX DEPT., 12TH FLOOR
NEW YORK NY 10016
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1986
3a. Date of Last Report: 08/02/1994
4. FEI Number: 13-3372925 — 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 — 21 / Suite, Apt. # etc. — 22 / City & State — 23 / Zip — 24 / Country — 25
2a. Mailing Address — 26 / Suite, Apt. # etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

9. **Name and Address of Current Registered Agent**

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

Title	Name / Address
TITLE	PD
NAME	TISCH, JAMES S
STREET ADDRESS	667 MADISON AVE
CITY-ST-ZIP	NEW YORK NY
TITLE	V
NAME	POSNER, ROY E
STREET ADDRESS	667 MADISON AVE
CITY-ST-ZIP	NEW YORK NY
TITLE	VASD
NAME	OPOTOWSKY, STUART B
STREET ADDRESS	ONE PARK AVE
CITY-ST-ZIP	NEW YORK NY
TITLE	SD
NAME	HIRSCH, BARRY
STREET ADDRESS	667 MADISON AVE.
CITY-ST-ZIP	NEW YORK NY
TITLE	T
NAME	KENNY, JOHN
STREET ADDRESS	ONE PARK AVE
CITY-ST-ZIP	NEW YORK NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(Blank entries: Title / Name / Street Address / City-St-Zip — [ ] Change [ ] Addition)

14. I the undersigned, 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 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: John J. Kenny John Kenny TREASURER 4/1/95 (212)545-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0305734 FP