FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

DOCUMENT # P92000001579 (1)

1. Entity Name
CARIBBEAN SHIP MANAGEMENT, INC.

Principal Place of Business
57 WILLOWBROOK BLVD., SUITE 205
WAYNE NJ 07470

Mailing Address
57 WILLOWBROOK BLVD., SUITE 205
WAYNE NJ 07470

APPROVED
(NO)
FILED

92 DEC 22 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/28/1992	3a. Date of Last Report: 04/22/1994
4. FEI Number: 22-3269077	☐ 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

STINSON, LOUIS JR.
4675 PONCE DE LEON BLVD., SUITE 305
CORAL GABLES FL 33146

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 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: (Typed 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	CD	11 TITLE	☐ Change ☐ Addition
NAME	ARWOOD, JOHN R	12 NAME	
STREET ADDRESS	57 WILLOWBROOK RD., SUITE 205	13 STREET ADDRESS	
CITY-ST-ZIP	WAYNE NJ 07470	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	KASTRIOTIS, DIMITRIOS	22 NAME	
STREET ADDRESS	57 WILLOWBROOK RD., SUITE 205	23 STREET ADDRESS	
CITY-ST-ZIP	WAYNE NJ 07470	24 CITY-ST-ZIP	
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	STINSON, LOUIS JR.	32 NAME	
STREET ADDRESS	3860 STEWART AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this 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 above, or on an attachment with an address.

SIGNATURE: Dimitrios Kastriotis 2/22/95 (201)890-7600
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0304736 FP