

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000001579 (1)**

1. Corporation 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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/28/1992**

3a. Date of Last Report

**04/02/1996**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

**21 13 Fairfield Ave.**

Suite, Apt. #, etc.

**22 Suite 203**

City & State

**23 Little Falls, NJ**

Zip

**24 07424**

Country

**25 USA**

2a. Mailing Address

**26 13 Fairfield Ave.**

Suite, Apt. #, etc.

**27 Suite 203**

City & State

**28 Little Falls, NJ**

Zip

**29 07424**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**STINSON, LOUIS JR.  
4875 PONC4E 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE

NAME **ARWOOD, JOHN R**  
STREET ADDRESS **57 WILLOWBROOK RD., SUITE 205**  
CITY-ST-ZIP **WAYNE NJ 07470**

TITLE **PD** ☐ DELETE

NAME **KASTRIOTIS, DIMITRIOS**  
STREET ADDRESS **57 WILLOWBROOK RD., SUITE 205**  
CITY-ST-ZIP **WAYNE NJ 07470**

TITLE **AS** ☐ DELETE

NAME **STINSON, LOUIS JR.**  
STREET ADDRESS **3880 STEWART AVENUE**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS **13 Fairfield Ave., Suite 203**  
1.4 CITY-ST-ZIP **Little Falls, NJ 07424**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS **13 Fairfield Ave., Suite 203**  
2.4 CITY-ST-ZIP **Little Falls, NJ 07424**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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:

SIGNATURE REQUIRED

Aug 20/97 (201) 890-7600

CR2E034 (4/97)