FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 11 AM 10: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P93000030378 (2)**

1. Corporate Name

REGENT MARITIME, INC.

Principal Place of Business

2451 BRICKELL AVE
STE 12T
MIAMI FL 33129
US

Mailing Address

PO BOX 145282
CORAL GABLES FL 33114
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1993	3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0472194	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 ... Florida Statutes	☑ Yes ☐ No

2. Principal Place of Business: 21 P.O. BOX 145282	2a. Mailing Address: 26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 CORAL GABLES, FL	City & State: 28
Zip: 24 33114 Country: 25 USA	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ANGULO, ANA M 2151 NE JEUNE RD STE 310 CORAL GABLES FL 33134	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☑ Change ☐ Addition
NAME	TORRI, LUIGI	NAME	
STREET ADDRESS	2451 BRICKELL AVE, #12T	STREET ADDRESS	P.O. BOX 145282
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	CORAL GABLES, FL 33114 N/A
TITLE	D	TITLE	☑ Change ☐ Addition
NAME	LAGO, ENRIQUE J	NAME	
STREET ADDRESS	2451 BRICKELL AVE, #12T	STREET ADDRESS	P.O. BOX 145282
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	CORAL GABLES, FL 33114 N/A
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: (ENRIQUE J. LAGO) 5/5/95 (305)857-0909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0208787 CP