

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000052856 (0)

1. Corporation Name

QUALITY SHIPPING, INC.

Principal Place of Business

10099 NW 89 AVE
MEDDLEY FL 33178
US

Mailing Address

2759 ARROWWOOD COURT
DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1993

3a. Date of Last Report

06/09/1994

4. FEI Number

65-0429328

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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FILEINGS INC.
3732 NORTHWEST 18TH STREET
FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

TERESA TABORDA

82 Street Address (P.O. Box Number is Not Acceptable)

10240 SW 56 ST 115

83

84 City

MIAMI

FL

85 Zip Code

33161

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]

(Signature of officer or person in charge of registered agent and their representative)

(NOTE: Registered Agent signature required when re-registering)

6/6/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ANDERSON, ISHWAR
STREET ADDRESS	2759 ARROWWOOD COURT
CITY ST ZIP	DAVIE FL 33328
TITLE	D
NAME	RAMKISSOON, CHRIS
STREET ADDRESS	10099 NW 89 AVE
CITY ST ZIP	MEDDLEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☒ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	13440 NW 5 ST
24 CITY ST ZIP	PLANTATION FL 33325
31 TITLE	☐ Change ☐ Addition
32 NAME	D
33 STREET ADDRESS	SEECHARRAN RAMDAS
34 CITY ST ZIP	13440 NW 5 ST
	PLANTATION FL 33325
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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 person or person 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:

Chris Ramkisson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/95