## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

.PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000062369 (2) **DOCUMENT #** 1. Corporation Name

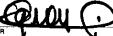
VIMAR SHIPPING CO.

Principal Place of Business Mailing Address

19531 GULF BLVD. #415 INDIAN SHORES FL 34635				1	19531 GULF BLVD. #415 Indian Shores FL 34635					3. Date incorporated or 09/01/1993	Qualified		e of Last F 8/11/19	
2. Principal Pla	ice of Busine	ess		2a.	Mailing Address					4. FEI Number			7 7 7	Applied For
21				26	26					59-3202176			<u> </u>	Not Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.				5. Certificate of Status [	Desired		•	5 Additional Required	
City & State					City & State					Election Campaign Fi     Trust Fund Contributi	_			00 May Be ed to Fees
Zip <b>24</b>	Country 25				Zip Country 30					This corporation has     Florida Statutes	Z Yes	□No		199.032,
Name and Address of Current Registered Agent										10. Name and Address	of New R	legistered	Agent	
O13411 41	101410						81	Name	9					
GIANI, LUCIANO							82	Street Address (P.O.		ss (P.O. Box Number is No	O. Box Number is Not Acceptable			
19531 GULF BLVD. #415							83							····
INDIAN SHORES FL 34635														
	DI TORILO I				84	City				FL	85 Z	ip Code		
11. Pursuant to	the provisi	ons of Section	s 607.0502	and 607	7.1508, Florida Stat	utes, the a	1-BVOC	named o	corporat	ion submits this statement	for the pur	pose of cha	anging its	registered office
f or registere	ed agent, or	both, in the Si	tate of Florida	a. Such	i change was autho 0505, Florida Statut	rized by the	corp	oration' -	s board	of directors. I hereby acce	ot the appo	ointment as	registera	dagent. Lam
SIGNATURE A	XG	MANI	R. L	uc	IANO		LLY.	پيو	<u></u>	<u> </u>	04	126/1	PL	
	Signative, typed	or printed name of	egistered agent a	no title if a	applicable (			it signature	required w	vhe i reinslating)		DATE	·	
12. TITLE	D	OF	FICERS AND	DIREC	TORS  TORS	13				ADDITIONS/CHANGE	STOOFF		DIRECTO	ORS IN 12 Addition
NAME	_	UCIANO					NAME					L	Glianys	☐ XOOUIOII
STREET ADDRESS		BULF BLVD.,	#415					ADDRESS						
CITY-ST-ZIP		SHORES FL					CITY - S							
TITLE					DELETE		TITLE		†		• • • • • • • • • • • • • • • • • • • •		Change:	Addition
NAME					-	2.2	NAME					•		<b>-</b>
STREET ADDRESS						2.3	STREET	ADDRESS						
CITY-ST-ZIP						2.4	CITY-S	T-ZIP						
TITLE					☐ DELETE	3.	TITLE					1	Change	Addition
NAME						32	NAME							
STREET ADDRESS						3.3	STREE	ADDRESS	3					
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THTLE					DELETE		TITLE					[	Change	☐ Addition
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					Profession		TITLE					ι	Change	Addition
NAME STREET ADDRESS							NAME	ADDRESS						
CITY-ST-ZIP							CITY-S							
TITLE					DELETE		TITLE	1-21°	+			r	Change:	Addition
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STREET ADDRESS								ADDRESS						
CITY-ST-ZIP							CITY-S							
	certify that	the information	n supplied w	th this	filing is voluntarily fu				alify for	the exemption stated in Se	ction 119	07(3)(k) Eko	rida Štatu	tes 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.





Daytime Phone #

CR2E034 (12/95)