SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 9:03

DOCUMENT # P93000067514 (8)

1. Corporation Name

K & M SHIPPING, INC.

Principal Place of Business	Mailing Address
10798 N.W. 7TH AVE. MIAMI FL 33618	10798 N.W. 7TH AVE. MIAMI FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 2974 N.W. N. Riverdrive
Suite, Apt. #, etc.
22: Miami Fl.
City & State
23:
Zip 24: 33142 Country 25:

2a. Mailing Address
26: 2974 N.W. N River Drive
Suite, Apt. #, etc.
27: Miami Fl.
City & State
28:
Zip 29: 33142 Country 30:

4. FEI Number: 65-0488315 ☐ 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

9. Name and Address of Current Registered Agent

DRUCKMAN, JACK P
18151 NE 31ST COURT
SUITE PH114
N MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City: FL 95 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 _____ DATE
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES - TO OFFICERS AND/OR DIRECTORS	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	KETANT, JOSEPH E	12 NAME	
STREET ADDRESS	10798 N.W. 7TH AVE.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33618	14 CITY ST ZIP	
TITLE	DVST	21 TITLE	MARIE KETANT SECRETARY/TREASURER ☒ Change ☐ Addition
NAME	KETANT, MARIE J	22 NAME	
STREET ADDRESS	10798 N.W. 7TH AVE.	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33618	24 CITY ST ZIP	
TITLE		31 TITLE	Vice President ☐ Change ☒ Addition
NAME		32 NAME	Samir MOURRA
STREET ADDRESS		33 STREET ADDRESS	14532 BALGOWAN Rd
CITY ST ZIP		34 CITY ST ZIP	MIAMI LAKES FL. 33016
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	

CR2E034 (3/95)

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)(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 changed, or on an attachment with an address.

SIGNATURE: _____ 6/7/95 (305) 635-6801
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0068420 CP