

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 91106 001 ***450.00

DOCUMENT # P93000067514 ST ✓
 1. Entity Name **K & M SHIPPING INC.**
15476 NW 77ct PMB 323
Miami FL 33016

Principal Place of Business Mailing Address
15476 NW 77ct **Same**
PMB 323
Miami FL 33016

10610

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0488315** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LINDA BABOUN
7136 Ballantree Ct
Miami FL 33016

7. Name and Address of New Registered Agent
 Name **LINDA BABOUN**
 Street Address (P.O. Box Number is Not Acceptable) **7136 Ballantree Ct**
 City **Miami** FL Zip Code **33016**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Linda Baboun* DATE **4-26-2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000, Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President <input type="checkbox"/> Delete
NAME	JOSEPH KETANT
STREET ADDRESS	1290 NW 120 St.
CITY-ST-ZIP	Miami FL 33167
TITLE	Vice President <input type="checkbox"/> Delete
NAME	Samir MOURRA
STREET ADDRESS	8515 NW 166 Ter
CITY-ST-ZIP	Miami FL 33016
TITLE	Secretary <input type="checkbox"/> Delete
NAME	Marie Jeanne Ketant
STREET ADDRESS	1290 NW 120 St
CITY-ST-ZIP	Miami FL 33167

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Samir Mourra* DATE **4-26-2000** DAYTIME PHONE # **305 776 3238**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)