

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 21 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000073415 (0)

1. Corporation Name

NICK SHIPPING LINE CORP.

Principal Place of Business

**7985 NW 21ST ST.
MIAMI FL 33122**

Mailing Address

**7985 NW 21ST ST.
MIAMI FL 33122**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/22/1993

3a. Date of Last Report

03/18/1994

4. FEI Number

65-0457880

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MIGUEL PEREZ URIBE, LUIS
7985 NW 21ST ST.
MIAMI FL 33122**

N/A

10. Name and Address of New Registered Agent

81

Name

ANGELICA PEREZ URIBE

82

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

83

7985 NW 21st STREET

84

City

MIAMI

FL

85

Zip Code
33122

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0504, Florida Statutes.

SIGNATURE

Signature of registered agent and the filer.

(NOTE: Registered Agent signature required when reappointing)

PRESIDENT

02.15.95

DATE

12. OFFICERS AND DIRECTORS

TITLE

V

NAME

PEREZ-URIBE, ANGELICA

STREET ADDRESS

7985 NW 21ST ST.

CITY-ST-ZIP

MIAMI FL 33122

TITLE

P

NAME

MIGUEL PEREZ URIBE, LUIS

STREET ADDRESS

7985 NW 21ST STREET

CITY-ST-ZIP

MIAMI FL 33122

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE

PRESIDENT

☒ Change ☐ Addition

1.2 NAME

PEREZ-URIBE, ANGELICA

1.3 STREET ADDRESS

7985 NW 21st ST.

1.4 CITY-ST-ZIP

MIAMI FL 33122

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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:

ANGELICA PEREZ URIBE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.15.95

Date

305-593-1981

Daytime (Area #)