

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---

DOCUMENT # **P94000042018 (9)**

1. Corporation Name

**EXPORTMAX SHIPPING SERVICES CORPORATION**



Principal Place of Business	Mailing Address
6995 N.W. 82ND AVE. BAY 39 MIAMI FL 33166	6995 N.W. 82ND AVE. BAY 39 MIAMI FL 33166-2783

3. Date Incorporated or Qualified <b>06/06/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
--	--

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>8307 NW 54<sup>th</sup> ST</b>	26 <b>8307 NW 54<sup>th</sup> ST</b>	<b>65-0506591</b>	<input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State <b>MIAMI FL</b>	28 City & State <b>MIAMI FL</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip <b>33166</b>	25 Country <b>DADE</b>	29 Zip <b>33166</b>	30 Country <b>DADE</b>

9. Name and Address of Current Registered Agent

**RODRIGUEZ, LUIS E**  
6995 N.W. 82ND AVE.  
BAY 39  
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	<b>8307 NW 54<sup>th</sup> ST.</b>		<b>MIAMI FL</b>	<b>33166</b>

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 \_\_\_\_\_  
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, LUIS E	1.2 NAME	
STREET ADDRESS	6995 N.W. 82ND AVE., #39	1.3 STREET ADDRESS	<b>8307 NW 54<sup>th</sup> ST</b>
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	<b>MIAMI FL 33166</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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: *[Signature]* **REQUIRED** **4-7-97** **(305) 477-0310**  
DATE \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

CR2E034 (9/96)