FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

ACCEPTED
APPROVED
AND
FILED

DOCUMENT # P94000076994 (0)

1. Corporation Name

INTERAMERICANA SHIPPING LINE INC.

Principal Place of Business	Mailing Address
1100 NE 7TH AVE SUITE B DANIA FL 33004	1100 NE 7TH AVE SUITE B DANIA FL 33004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # or Rt.	Suite, Apt. # or Rt.
22	27
City & State	City & State
23	28
24 25	29 30

4. FEI Number: 65-0527995 [ ] 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

7. Is this corporation affiliated with any corporation organized pursuant to the laws of any foreign country? Yes [ ] No [ ]

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LIOTARD, EDWARD 700 SW 70TH AVE PEMBROKE PINES FL 33023	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1008, 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. The 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 duties and responsibilities of registered agents under Florida Statutes.

SIGNATURE: _____
(Corporate Officer, Director, Incorporator or Agent) (If Changing Agent, Name of New Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	DPS	12 TITLE	[ ] Change [ ] Addition
NAME	LIOTARD, EDWARD	13 NAME	
STREET ADDRESS	700 SW 70TH AVE	14 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	15 CITY-ST-ZIP	
TITLE		16 TITLE	[ ] Change [ ] Addition
NAME		17 NAME	
STREET ADDRESS		18 STREET ADDRESS	
CITY-ST-ZIP		19 CITY-ST-ZIP	
TITLE		20 TITLE	[ ] Change [ ] Addition
NAME		21 NAME	
STREET ADDRESS		22 STREET ADDRESS	
CITY-ST-ZIP		23 CITY-ST-ZIP	
TITLE		24 TITLE	[ ] Change [ ] Addition
NAME		25 NAME	
STREET ADDRESS		26 STREET ADDRESS	
CITY-ST-ZIP		27 CITY-ST-ZIP	
TITLE		28 TITLE	[ ] Change [ ] Addition
NAME		29 NAME	
STREET ADDRESS		30 STREET ADDRESS	
CITY-ST-ZIP		31 CITY-ST-ZIP	

REMITTED BY MAY 1

14. I hereby certify that the information supplied with this report is absolutely accurate and that I am duly qualified to file this report under Section 607.0502, Florida Statutes. I further certify that the information on this annual report or supplemental annual report is true and that the 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 with an indication that I am an officer or director.

SIGNATURE: _____ 4/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date)

0076811 CP