

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified **10/20/1994** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **2550 EISENHOWER BLVD.** 26 **P.O. BOX 165123**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **BLDG. 611 SUITE 2** 27  
City & State City & State  
23 **PORT EVERGLADES, FL** 28 **PORT EVERGLADES, FL**  
Zip Country Zip Country  
24 **33316** 25 **U.S.A.** 29 **33316** 30 **U.S.A.**

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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**LIOTARD, EDWARD  
700 SW 70TH AVE  
PEMBROKE PINES FL 33023**

10. Name and Address of New Registered Agent  
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 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 \_\_\_\_\_  
Signature typed or printed name of registered agent and the corporation. (Name of Registered Agent Signature required when filing.) DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>DPS</b> <input type="checkbox"/> DELETE | 1. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME                       | <b>LIOTARD, EDWARD</b>                     | 2. NAME   |   |
| STREET ADDRESS             | <b>700 SW 70TH AVE</b>                     | 3. STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>PEMBROKE PINES FL</b>                   | 4. CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 2.1 TITLE   | <b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  | 2.2 NAME  | <b>SERGIO QUINTERO</b>  |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    | <b>2843 S.W. 32ND COURT</b>   |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       | <b>MIAMI, FLORIDA 33133</b>   |
| TITLE                      | <input type="checkbox"/> DELETE            | 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                      | <input type="checkbox"/> DELETE            | 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                      | <input type="checkbox"/> DELETE            | 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                      | <input type="checkbox"/> DELETE            | 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: Pres. **8/6/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)