

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000076994 (0)**

1. Corporation Name

INTERAMERICANA SHIPPING LINE INC.



Principal Place of Business

**1100 NE 7TH AVE
SUITE B
DANIA FL 33004**

Mailing Address

**1100 NE 7TH AVE
SUITE B
DANIA FL 33004**

2. Principal Place of Business

21 2550 EISENHOWER BLVD.

Suite, Apt. #, etc.

22 BLDG. 611 SUITE 2

City & State

23 PORT EVERGLADES, FL

Zip

24 33316

Country

25 U.S.A.

2a. Mailing Address

26 P.O. BOX 165123

Suite, Apt. #, etc.

City & State

28 PORT EVERGLADES, FL

Zip

29 33316

Country

30 U.S.A.

3. Date Incorporated or Qualified

10/20/1994

3a. Date of Last Report

05/01/1995

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

11b. Registered Agent Signature required when constituting

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**DPS
LIOTARD, EDWARD
700 SW 70TH AVE
PEMBROKE PINES FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☒ Addition

SECRETARY

SERGIO QUINTERO

2843 S.W. 32ND COURT

MIAMI, FLORIDA 33133

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

8/6/96

Date

Daytime Phone #

CR2E034 (12/95)