

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

FILED

May 08 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000079203</b> 1. Corporation Name <b>ULTIMATE SHIPPING CORP</b> <b>1750 N.W. 96 ave</b> <b>Miami FL. 33172</b>			
Principal Place of Business <b>ULTIMATE SHIPPING CORP</b> <b>1750 N.W. 96 Ave</b> <b>Miami FL. 33172</b>		Mailing Address <b>Same</b>	
2. Principal Place of Business 21 <b>1750 N.W. 96 Ave</b> 22 <b>Miami FL.</b> 23 <b>Miami FL.</b> 24 <b>33172</b> 25 Country		2a. Mailing Address 26 <b>1750 N.W. 96 Ave</b> 27 <b>Miami FL.</b> 28 <b>Miami FL.</b> 29 <b>33172</b> 30 <b>USA</b>	
3. Date Incorporated or Qualified <b>10/26/94</b>		3a. Date of Last Report <b>05/01/96</b>	
4. FEI Number <b>65-0542097</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>FERNANDO PEREZ</b> <b>1750 N.W. 96 Ave</b> <b>Miami FL. 33172</b>		10. Name and Address of New Registered Agent 81 Name <b>Fernando Perez</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1750 N.W. 96 Ave</b> 83 <b>Miami</b> 84 <b>FL</b> 85 Zip Code <b>33172</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:       (NOTE: Registered Agent signature required when reinstating)      DATE:			
12. OFFICERS AND DIRECTORS TITLE <b>P</b> NAME <b>FERNANDO PEREZ</b> <input type="checkbox"/> DELETE STREET ADDRESS <b>1750 N.W. 96 Ave</b> CITY-STATE-ZIP <b>Miami FL. 33172</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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)(b), 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:       OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #			

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