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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P94000079529 (1)**

1. Corporation Name
CARIBBEAN SHIP MANAGEMENT (USA), INC.

Principal Place of Business	Mailing Address
~~C/O RICARDO E. PINES, P.A.~~ ~~3301 PONCE DE LEON BLVD. SUITE 200~~ ~~CORAL GABLES FL 33134~~	~~C/O RICARDO E. PINES, P.A.~~ ~~3301 PONCE DE LEON BLVD. SUITE 200~~ ~~CORAL GABLES FL 33134-7270~~

3. Date Incorporated or Qualified: 10/27/1994
3a. Date of Last Report: 03/27/1996

2. Principal Place of Business
21 c/o RICARDO E. PINES, P.A.
Suite, Apt. #, etc.
22 3301 PONCE DE LEON BLVD.
City & State
23 CORAL GABLES, FL
Zip 24 33134 Country 25 U.S.A.

2a. Mailing Address
26 c/o RICARDO E. PINES P.A.
Suite, Apt. #, etc.
27 3301 PONCE DE LEON BLVD.
City & State
28 CORAL GABLES, FL
Zip 29 33134 Country 30 U.S.A.

4. FEI Number: 65-0533285 ☐ 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
PINES, RICARDO E P.A.
3301 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name ~~DOLORES HARTNER~~
82 Street Address (P.O. Box Number is Not Acceptable) ~~3301 PONCE DE LEON BLVD, SUITE 200~~
83
84 City ~~CORAL GABLES~~ FL 85 Zip Code ~~33134~~

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	☒ DELETE	1.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	~~PINES, RICARDO~~		1.2 NAME	RICARDO E. PINES, P.A.	
STREET ADDRESS	~~3301 PONCE DE LEON BLVD., SUITE 200~~		1.3 STREET ADDRESS	3301 PONCE DE LEON BLVD., # 200	
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~		1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.

8/18/97 (305) 444-5352