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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500005135 (5)

FILED Mar 23 1998 8:00am Secretary of State

SOUT	HERN CROSS SHIPPING,	INC.				
Principal Plac	e of Business	Mailing Address				at About Abunt Atiat times times soft abet
6440 N.W. 2ND STREET MIAMI FL 33126		6440 N.W. 2ND STREET MIAMI FL 33126	6440 N.W. 2ND STREET MIAMI FL 33126		DO NOT WRITE II	N THIS SPACE
					3. Date Incorporated or Qualified	
					01/17/1995	
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0550067	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country Zip Country			8. This corporation owes or has paid		
24	9. Name and Address of Curre	nt Parietered Agent	30		Personal Property Tax due June 3 10. Name and Address of New Regi	
		iit negisiered Agent	81	Name	10. Name and Address of New Regi	stereo Agent
	ODRIGUEZ, JOSE D					
	440 N.W. 2ND STREET		82	Street Addres	ss (P.O. Box Number is Not Acceptable)
M	IIAMI FL 33126		83			
ļ						
			84	City		FL 85 Zip Code
SIGNATURE					ration submits this statement for the pur n's board of directors. I hereby accept	
	Signature, typind or printed name of regularind ag	jent and tille if applicable (NOT) ID DIRECTORS	Registered Agent	signature required	ADDITIONS/CHANGES TO OFFICE	DATE DE AND DIDECTORS IN 12
12.	P	DELETE	1.1 THLE		ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	RODRIGUEZ, JOSE D		1.2 NAME			
STREET ADDRESS	6440 N.W. 2ND STREET		1.3 STREET A	DORESS		
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-ST-	1		
TITLE	DELETE		2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET AL	DDRESS		
CITY-ST-ZIP			2. 4 CITY-ST	-ZIP		ì
TATLE	DELETE		3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME		•	
STREET ADORESS			3.3 STREET A	DORESS		j
CITY-ST-ZIP			3.4. CITY-ST	- ZIP		
THLE	DELETE		4.1 TITLE			Change Addition
NAME			4. 2 NAME	[\
STREET ADDRESS			4.3 STREET A	- I		
CITY-ST-ZIP	The eve		4.4 CITY-ST-	ZIP		
TITLE	DELETE		5 1 TITLE	ļ		☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET AL			
CITY-ST-ZIP		DELETE	5.4 CITY - ST- 6.1 TITLE	ZIP		Change Addition
TITLE		בן טנונינ		1		C Analige E Modillon
NAME CYDYCY ADDRESS			6.2 NAME	nnaren		
STREET ADDRESS			6.3 STREET AL			
City-St-ZiP	certify that the information supplied of	with this filing does not qualify fo	6.4 CITY-ST- or the exemption		ection 119.07(3)(i), Florida Statutes. I fu	rther certify that the information

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the informatio 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 trusting 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:

resident 03/16/983056409860