

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P95000009530 (3)**

1. Corporation Name  
**M W C SHIPPING COMPANY**



Principal Place of Business: **5559 NW 72ND AVE MIAMI FL 33166**  
 Mailing Address: **5559 NW 72ND AVE MIAMI FL 33166**

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30  
 9. Name and Address of Current Registered Agent: **MEDORI, HECTOR O 5559 NW 72ND AVE MIAMI FL 33166**

3. Date Incorporated or Qualified: **02/01/1995**  
 3a. Date of Last Report:   
 4. FCI Number:  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  
 10. Name and Address of New Registered Agent:

81 Name: **CARLOS MCCULLOCH**  
 82 Street Address (P.O. Box Number is Not Acceptable): **5559 N.W. 72 AVE.**  
 83   
 84 City: **MIAMI** FL 85 Zip Code: **33166**

11. Pursuant to the provisions of Sections 617.0602 and 607.1504, 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: **CARLOS MCCULLOCH** (Signature) **MARCH 27, 1996** (Date)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change, <input checked="" type="checkbox"/> Addition
2. NAME	<b>VICE-PRESIDENT</b>
3. STREET ADDRESS	<b>OSVALDO FERRARO</b>
4. CITY-ST-ZIP	<b>5559 N.W. 72 AVE.-MIAMI-FLA33166</b>
5. TITLE	<input type="checkbox"/> Change, <input checked="" type="checkbox"/> Addition
6. NAME	<b>SECRETARY</b>
7. STREET ADDRESS	<b>CARLOS MCCULLOCH</b>
8. CITY-ST-ZIP	<b>5559 N.W. 72 AVE.-MIAMI-FLA33166</b>
9. TITLE	<input type="checkbox"/> Change, <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change, <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	

800001773018  
 -04/09/96--01010--016  
 \*\*\*200.00  
 32  
 4.8

SIGNATURE: **CARLOS MCCULLOCH** (Signature)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCH 27-1996 (305)884-0875**

CR2E034 (12/95)