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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

i. Corporation	NIEN I # P95000(S.A. (SHIPPING AGENCIES				I FRANCKAN KARA KARA RANKA RANKA RANKA RANKA RANKA RANKA KARA KAR	
Principal Place of Business . Mailing Address						
•		5230 S.W. 76TH ST.				
		MIAMI FL 33143			` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
MIAMI FL 33172					DO NOT WRITE IN THIS SPACE	_
					3. Date Incorporated or Qualifed	Ì
2 Principal D	lace of Business	2a. Mailing Address			02/14/1995 4. FEI Number Applied For	\dashv
21 Philicipal P	iace of business	26			65-0559816 Not Applicab	le
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional	ヿ
22		27			5. Certificate of Status Desired Fee Required	J.
City & Stat	e	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 the current year Intangible	
24	25	29 30	<u> </u>		Personal Property Tax.	_
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered Agent	
VORD	OKAS, CHARALAMBOS					
	SW 76TH ST.		82	Street	et Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33143			83	-		\dashv
*****						_]
			84	City	FL 85 Zip Code	
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation of the state	of Florida. Such change was auth tions of, Section 607.0505, Florida ont and title if applicable. (NOTE: Re	onzed by a Statutes	the corpo	ed corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered are required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.		ID DIRECTORS	13.		VICE PRESIDENT Change Addit	
TITLE	PVST	_			NIKOLAOS ATHANASSIADIS	<u> </u>
NAME	Olipolato, Cirratic andoo		1.2 NAME	T 40000000	1	
				TADDRESS	MIAHI - FL 33172	
CITY-ST-ZIP TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1.4 C/TY-S 2.1 TITLE	11-ZIP	☐ Change ☐ Addii	tion
NAME			2.2 NAME			ĺ
STREET ADDRESS				T ADDRESS	ss	-]
CITY-ST-ZIP			2.4 CITY-		The second secon	<u>.</u> ا
TITLE		☐ DELETE	3.1 TITLE	Ç+ 12.	Change Addit	tion
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS	ss	
CITY-ST-ZIP			34 CITY-	ST-ZIP		\Box
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addit	tion
NAME			4. 2 NAME			{
STREET ADDRESS			4.3 STREE	TADDRESS	ss	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		-
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NAME			5.2 NAME			
STREET ADDRESS				TADORESS	SS	
CITY-ST-ZIP		F) noters	5.4 CITY-S	T-ZIP	☐ Change ☐ Addit	tion
TITLE	T. Control of the Con		= n : :::::: ←			

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90068 045 ***150.00