

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000022172 (7)

1. Corporation Name
ARAWAK LINE SERVICES (USA) INC.

Principal Place of Business

Mailing Address

1750 E DUVAL STREET
JACKSONVILLE FL 32202

1750 E DUVAL STREET
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/17/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3334918	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS, CHAD S
1750 E DUVAL STREET
JACKSONVILLE FL 32202

81 Name	David C. Stehlin
82 Street Address (P.O. Box Number is Not Acceptable)	
83	1750 E Duval St
84 City	Jacksonville
85 Zip Code	FL 32202

11. Pursuant to the provisions of Sections 607.0602 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 *DAVID C. STEHLIN* PRESIDENT SEPT 16 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	STEHLIN, DAVID C	1.2 NAME	
STREET ADDRESS	1750 E. DUVAL ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	
NAME	STEHLIN, ROBERT M	2.2 NAME	
STREET ADDRESS	1750 E. DUVAL ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	
NAME	STEHLIN, JOSEPH C III	3.2 NAME	
STREET ADDRESS	1750 E. DUVAL ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(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 in an attachment with an address.

CR2E034 (4/97)