FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000040631 (0)**

1. Corporation Name

STAR MARITIME SERVICES (USA), INC.

Principal Place of Business

~~801 BRICKELL AVENUE~~
~~SUITE 1401~~
~~MIAMI FL 33131~~

Mailing Address

~~801 BRICKELL AVENUE~~
~~SUITE 1401~~
~~MIAMI FL 33131~~

3. Date Incorporated or Qualified: 05/23/1995

3a. Date of Last Report:

2. Principal Place of Business
21 241 SEVILLA AV.

Suite, Apt. #, etc.
22 1005

City & State
23 CORAL GABLES FL.

Zip 24 33134 Country 25 U.S.

2a. Mailing Address
26 241 SEVILLA AV.

Suite, Apt. #, etc.
27 1005

City & State
28 CORAL GABLES FL.

Zip 29 33134 Country 30 U.S.

4. FEI Number: 650582142 — 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

~~CORPORATION SERVICE COMPANY~~
~~1201 HAYS STREET~~
~~TALLAHASSEE FL 32301-2525~~

10. Name and Address of New Registered Agent

81 Name: G.F. ALLEN
82 Street Address (P.O. Box Number is Not Acceptable): 241 SEVILLA AV.
83 SUITE 1005
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: [signature] — Signature of New Registered Agent — DATE: 4/29/96

12. OFFICERS AND DIRECTORS

TITLE	PRES. & DIR.	☐ DELETE
NAME	F. DANIEL SAFFE	
STREET ADDRESS	241 SEVILLA AV.	
CITY-ST-ZIP	CORAL GABLES FL. 33134	
TITLE	V.P. & DIR.	☐ DELETE
NAME	MARTIN CASTELINO	
STREET ADDRESS	241 SEVILLA AV.	
CITY-ST-ZIP	CORAL GABLES 33134	
TITLE	SECTY & DIR.	☐ DELETE
NAME	G.F. ALLEN	
STREET ADDRESS	241 SEVILLA AV.	
CITY-ST-ZIP	CORAL GABLES 33134	
TITLE	D SALVATORE PICOLO	☐ DELETE
NAME		
STREET ADDRESS	241 SEVILLA AV.	
CITY-ST-ZIP	CORAL GABLES 33134	
TITLE	D TRONO JENSEN	☐ DELETE
NAME		
STREET ADDRESS	241 SEVILLA AV.	
CITY-ST-ZIP	CORAL GABLES 33134	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/29/96 — 305 445-8100 Daytime Phone #

GEORGE F. ALLEN SECTY

CR2E034 (12/95)