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Feb 25 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000050278 (7)</b> 1. Corporation Name <b>TRITON SHIPPING CO., INC.</b>					
Principal Place of Business <b>7042 NW 46TH STREET MIAMI FL 33166</b>		Mailing Address <b>7042 NW 46TH STREET MIAMI FL 33166</b>			
2. Principal Place of Business 21 <b>7801 NW 52nd Street</b> Suite, Apt. #, etc. 22 City & State 23 <b>Miami, FL</b> Zip 24 <b>33166</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>7801 NW 52nd Street</b> Suite, Apt. #, etc. 27 City & State 28 <b>Miami, FL</b> Zip 29 <b>33166</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>06/26/1995</b> 4. FEI Number <b>65-0601664</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>RIERACKER, JULIO 7042 NW 46TH STREET MIAMI FL 33166</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>9795 SW 107th Ct.</b> 83 84 City <b>Miami</b> <b>FL</b> 85 Zip Code			
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP PT <b>CAMPOLLO, LUIS</b> <b>9911 E CALLUSA CLUB DR</b> <b>MIAMI FL</b> [ ] DELETE SV <b>RIERACKER, JULIO</b> <b>9795 SW 107 CT</b> <b>MIAMI FL</b> [ ] DELETE V <b>Daniel Nya</b> <b>8053 SW 137th Pl.</b> <b>Miami, FL 33183</b> [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE			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 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. <b>SIGNATURE: X</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)