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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000050278**1. Corporation Name

TRITON SHIPPING CO., INC.

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90024 043 ***150.00



Principal Place	e of Business	Mailing Address						
7801 NW 52ND	ST	7801 NW 52ND ST						
MIAMI FL 3316	6	MIAMI FL 33166				DO 1107 11/DI	TE IN THIS SPACE	
US	•	US					TE IN THIS SPACE	
						3. Date Incorporated or Qualifed	•	
						06/26/1995		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				65-0601664		Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.7	5 Additional
		27						Required .
22	-	City & State				6. Election Campaign Financing	2.0	00 May Be
City & State		— · ·						led to Fees
23		28	0			Trust Fund Contribution		
Zip	Country	⊢ ∠ip	Zip Country		8. This corporation owes the curr	rent year Intangible Yes		
24	25	29	30	·		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent		1		10. Name and Address of New I	Registered Agent	
		AMA LIN		81 1	Name			İ
	RACKER, JULIO			82 5	Stroot Ad	dress (P.O. Box Number is Not Accepta	able\	
9795	5 SW 107TH CT			62 3	Street Au	uless (F.O. DOX Number is Not Accept	abici	
	MI FL 33166			83		1.44(1) (1) (1) (1) (1)	BENEVAL SERVE	
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	•			84 (City		85	Zip Code
mana i i i a	. 40	and the second second						
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the a	above-n	named co	rporation submits this statement for the	purpose of changing	g its registered
office or re	egistered agent, or both, in the State	e of Florida. Such change was ations of Section 607 0505. Fl	authonze: orida Stat	ed by the	ie corpora	rporation submits this statement for the tion's board of directors. I hereby acce	prine appointment a	s registered
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			0.740 0.00	tutos.				
SIGNATURE							DATE	
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable. (NOT	E: Registered	d Agent si		ired when reinstating)+	DATE	CTORS IN 12
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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.