

4/20/98 6:10 PM

SEVEN

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000001189 (5)

1. Corporation Name

SEVEN SEAS STEAMSHIP COMPANY, INC.

Principal Place of Business
1350 E NEWPORT CENTER DR

STE 201

Mailing Address
1350 E NEWPORT CENTER DR

SUITE 201

DEERFIELD BCH FL 33442

DEERFIELD BEACH FL 33442-7779

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 STATIA TERMINALS INC (TAX DEPT)	12/28/1995	65-0648169	Not Applicable
22 City & State	27 800 FAIRWAY DR STE 295	5. Certificate of Status Desired		\$8.75 Additional Fee Required
23 Zip	28 DEERFIELD BCH FL	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24 Country	29 33441	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
25	30 USA			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUTTON, JOHN R ESQ
 7721 SW 62 AVE STE 101
 MIAMI FL 33143

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 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

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	V <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDERON, FELIPE A	1.2 NAME	FRANKLIN, J D
STREET ADDRESS	1350 E NEWPORT CENTER DR STE 201	1.3 STREET ADDRESS	800 FAIRWAY DR STE 295
CITY - ST - ZIP	DEERFIELD BCH FL 33442	1.4 CITY - ST - ZIP	DEERFIELD BCH FL 33441
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIETERS, GREGORY W	2.2 NAME	LOPEZ, VICTOR M JR
STREET ADDRESS	1350 E NEWPORT CENTER DR STE 201	2.3 STREET ADDRESS	800 FAIRWAY DR STE 295
CITY - ST - ZIP	DEERFIELD BCH FL 33442	2.4 CITY - ST - ZIP	DEERFIELD BCH FL 33441
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	MOSTELLER, S M
STREET ADDRESS		3.3 STREET ADDRESS	800 FAIRWAY DR STE 295
CITY - ST - ZIP		3.4 CITY - ST - ZIP	DEERFIELD BCH FL 33441
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE:

VICTOR M. LOPEZ - TREASURER 4/21/98

(954) 422-8222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #