

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  
Aug 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000093236 (3)**

1. Corporation Name

**ATLANTIC & CARIBBEAN SHIPPING CO. INC.**



Principal Place of Business

Mailing Address

**C/O GEORGE R. FUNARO & CO. PC  
ONE PENN PLAZA, SUITE 3515  
NEW YORK NY 10119**

**C/O GEORGE R. FUNARO & CO. PC  
ONE PENN PLAZA, SUITE 3515  
NEW YORK NY 10119**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

**11/13/1996**

4. FEI Number

**59-3410488**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARALEGAL & ATTORNEY SERVICE BUREAU, INC.  
1406 HAYS STREET  
SUITE 2  
TALLAHASSEE FL 32301**

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>P</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>JEFF KOSKO</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>1400 NORTHEAST 54TH ST. FORT LAUDERDALE, FL 3334</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>T</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>JEFF KOSKO</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>1400 NORTHEAST 54TH ST. FORT LAUDERDALE, FL 3334</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>V</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>MAURIZIO AMERI</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>ONE PENN PLAZA SUITE 3515 NEW YORK, NY 10119</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>D</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>MAURIZIO AMERI</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>ONE PENN PLAZA SUITE 3515 NEW YORK, NY 10119</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>S</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>HARI K. SAMAROO</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>ONE PENN PLAZA SUITE 3515 NEW YORK, NY 10119</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>D</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>SHELDON SATLIN</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>ONE PENN PLAZA SUITE 3515 NEW YORK, NY 10119</b>

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 on an attachment with an address.

SIGNATURE:

8/4/97

11/30/97

CR2E034 (4/97)