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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P960( Name SEA SHIPPING AND TRAD		)			)
Principal Place of Business Mailing Address					I IBBLIBOL LIB IBILD BILLI BELIL BELIL BELIL BELIL BELIL BELIL BELIL	i filoso anion sasot alda lebu
8816 COLLINS AVE. SUITE 104 SURFSIDE FL 33154		8816 COLLINS AVE. SUITE 104 SURFSIDE FL 33154		DO NOT WRITE IN THIS S	PACE	
					3. Date Incorporated or Qualified 11/14/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		APPLIED FOR 65-07349		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State			Fee Required	
23	•	28		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zψ Country		nlry	8. This corporation owes or has paid the curre	
24	25	29	30	·		Yes No
011	9. Name and Address of Curi	rent Hegistered Agent		81 Name	10. Name and Address of New Registered A	gent
SILES, JOSE A 8818 COLLINS AVE.						
	ITE 104			82 Street Ado	fress (P.O. Box Number is Not Acceptable)	
	RFSIDE FL 33154			83		
			84 City			85 Zip Code
				1 7	<u> </u>	1 1 '
agent la	to me provisions of sections 607.0 egistered agent, or both, in the Str in familiar with, and accept the ob-	isoz and 607 1506, Florida Sigu ale of Florida, Such change was digations of, Section 607.0505, Fl	ies, the ab authorized lorida Statu	by the corpora les.	poration submits this statement for the purpose of dition's board of directors. I hereby accept the appo	intment as registered
SIGNATURE	Signature: Sypa or on proceedings and reservoised	ajich and the Cappenable	H Registered	Agent signat re requ	ared when relocating) DATE	
12.	OFFICERS /	AND DIRI CTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	SILES, JOSE A	[] DETETE	1.1 100	- 1		Change Addition
NAME Street address	8816 COLLINS AVE.		1.2 NA/	WE KEET ADDRESS		
CITY-ST-ZIP	SURFSIDE FL 33154		1	Y-\$1-ZIP		
TITLE			2 1 1111			Change Addition
NAME	<b>ZUNI</b> GA, ANA MARIA		2 2 NA	ME		
STREET ADDRESS	8816 COLLINS AVE.		2.3 STR	REET ADDRESS		
CITY-ST-ZIP	SURFSIDE FL 33154	DELETE	2 4 CH 3 1 HH	Y-ST-71P		Change Addition
TITLE NAME			3 2 NAM	}		Onlarige Mountain
STREET ADDRESS				REFT ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE			4.1 TITE	.F		Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			•	FE1 ADDRESS		
CITY-ST-ZIP TITLE	<del></del>	DELETE	4.4 CIT	Y-\$1-7IP	·	Change Addition
NAME		Octube	5.2 NAN	- 1	L	Change riquition
STREET ADDRESS			- 1	EET ADDRESS		
CITY-ST-ZIP			- 1	Y ST-ZIP		
TITLE		DELETE	6.1 1171	.F	The string of the string strip of the strip	Change Addition
NAME			62 NA		70000256255 -06/29/9801037011	) // <sub>23</sub>
STREET ADDRESS			6.3 STR	FET ADDRESS	0.007 2.07 (0.07 m) (1.09.5) " " [U.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	·

6.4 CITY - ST - ZIP 14. Thereby 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 supplienced armudic eject is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the corporation of the receiver or frustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or organizationment with all actives.

CITY-ST-ZIP

**FILED** 

Jun 22 1998 8:00am

Secretary of State