

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000005114 (8)**

1. Corporation Name

DIASHIP NORTH AMERICA, INC.

Principal Place of Business

**1535 S.E. 17TH STREET
SUITE 103
FORT LAUDERDALE FL 33316**

Mailing Address

**1535 S.E. 17TH STREET
SUITE 103
FORT LAUDERDALE FL 33316**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1997

4. FEI Number

65-0721143

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **24** Country

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

30 Country

9. Name and Address of Current Registered Agent

**PORTUONDO, JOSEPH J
2665 S. BAYSHORE DRIVE
SUITE M-103, GRAND BAY PLAZA
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent

81 Name **JOSEPH J. PORTUONDO**
82 Street Address (P.O. Box Number is Not Acceptable)
NationsBank Tower 137th Floor
83 **100 S.E. 2nd Street**
84 City **MIAMI** **85** Zip Code **FL 33131**

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 ☐ DELETE

TITLE **PTD**
NAME **HEESEN, FRANS**
STREET ADDRESS **1535 S.E. 17TH STREET, SUITE 103**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

☐ DELETE

TITLE **D**
NAME **GREMMEN, J.G.W.**
STREET ADDRESS **1535 S.E. 17TH STREET, SUITE 103**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

☐ DELETE

TITLE **D**
NAME **WINGENS, T.J.F.M.**
STREET ADDRESS **1535 S.E. 17TH STREET, SUITE 103**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

☐ DELETE

TITLE **S**
NAME **SEIGEL, LOIS**
STREET ADDRESS **1535 S.E. 17TH STREET, SUITE 103**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
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.

SIGNATURE: **Lois Seigel**

4-2-98

CR2E034 (10/97)