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

DOCUMENT # P9700005810 (1)

TRANSAMERICA SHIPPING, COMPANY

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address		r constant, ein sone enen mant matte dorn dann dien aben stein sibte bier sidt.	
7987 NW 33RD STREET		7987 NW 33RD STREE	Т		
MIAMI FL 33122		MIAMI FL 33122		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	113 OF ACE
				01/21/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0719623	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Regulred
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23	_	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes 🔲 No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
PINZON, JAIME B1 Name ELIZABETH R. MONSERRATE					
7987 NW 33RD STREET			82 Street	Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33122				7987 NW 33 ST.	
			63		
			84 City		85 Zip Code
					-L 33122
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the above-named	d corporation submits this statement for the purpor poration's board of directors. I hereby accept the	se of changing its registered
agent. La	egistered agent, or both, in the state m familiar with, and accept the obliq	rorrionida. Such change was a jations of, Section 607.0505, Fk	aumonzed by the corpride Statutes.	poration's board or directors. I hereby accept the	appointment as registered
SIGNATURE		NOW TO	ELIZARETE	IR MONISERPRATER 2	2-8-98
	Signature typed opponted name of regulation in		 Registered Agent signature 	e required when reinstaling) DA	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELE TE	1.1 TITLE		Change Addition
NAME	AVILA, EDUARDO		1.2 NAME		
STREET ADDRESS	7987 NW 33RD STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122	The section	1.4 CITY - ST - ZIP		
TITLE	D	L_ DELETE	2.1 TITLE		Change Addition
NAME	JORDAN, JAMES S		2.2 NAME		
STREET ADDRESS	7987 NW 33RD STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122	The second	2. 4 CITY-ST-ZIP		
TITLE	D	DETE <u>l</u> E	3.1 TITLE		☐ Change ☐ Addition
NAME	MAJOR, ALEX		3.2 NAME		. •
STREET ADDRESS	7987 NW 33RD STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122		3.4. CITY-ST-ZIP		
TITLE	0	☐ DELETE	4.1 TITLE	P	Change Addition
NAME	JORDAN, ELIZABETH R		4. 2 NAME	ELIZABETH R. MONSERRATE	
STREET ADDRESS	7987 NW 33RD STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122	L. Briter	4.4 CITY - ST - ZIP		
TITLE	D ONIZON ZANAE	DELETE	5.1 TITLE		L Change L Addition
NAME	PINZON, JAIME	A.4	5.2 NAME		
STREET ADDRESS	9010 SW 137 AVE STE #2	21	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186	T NELETT	5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		The state of the s	6.4 CITY - S1 - ZIP	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
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.					