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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 23 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P97000095283 (2)

ST. MICHAEL SHIPPING COMPANY

Principal Place of Business Mailing Address 141 N.E. 3RD AVE. STE. 600 141 N.E. 3RD AVE. STE. 600 MIAMI FL 33132 MIAMI FL 33132 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/06/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 65-0792349 Sulte. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country  $Z_{\rm ID}$ 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SUTTON, DONALD A Street Address (P.O. Box Number is Not Acceptable) 5850 LAKEHURST DR. STE. 210 ORLANDO FL 32819 <u> 7345 SAND LAKE RD # 207</u> 83 84 City Zip Code ORLANDO 32819 ids Statutes, the above-named corporation submits this statement for the purpose of changing its registered was authorized by the corporation's board of directors. I hereby accept the appointment as registered \$4505. Florida Statutes. 11. Pursuant to the provisions of Section office or registered agent, or both agent. I am familiar with and acceptate the section of the sect SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition DSTP 1.1 TITLE TITLE NASCIMENTO, MARCELINO JOSE L NAME 12 NAME 141 N.E. 3RD AVENUE STE. 600 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33132 CITY-ST-ZIP 1.4 City - ST - 7iP DELETE Change Addition 21 TOTLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4,4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 6.1 TITLE NAME 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

or on an attachment with an address. premior 11 MACCINEUTO 07/07/08