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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 05, 1999 8:00 am  
Secretary of State

03-05-1999 90128 028 \*\*\*150.00

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1. Corporation Name

KALLISTA SHIPPING CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6701 NW 7TH STREET SUITE 190 MIAMI FL 33126		Mailing Address 6701 NW 7TH STREET SUITE 190 MIAMI FL 33126	
2. Principal Place of Business 21 4345 NW 97th AVE		2a. Mailing Address 26 4345 NW 97th AVE	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 MIAMI FL		City & State 28 MIAMI FL	
Zip 24 33178		Country 25 USA	
Country 29 33178		Country 30 USA	
9. Name and Address of Current Registered Agent SUAREZ, VIVIAN 6701 NW 7TH STREET SUITE 190 MIAMI FL 33126			
10. Name and Address of New Registered Agent 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 TITLE PD NAME EUCENA, ROSAURA STREET ADDRESS 6701 NW 7TH STREET CITY-ST-ZIP MIAMI FL 33126 TITLE VPD NAME GARCIA, ISRAEL STREET ADDRESS 6701 NW 7TH STREET CITY-ST-ZIP MIAMI FL 33126 TITLE SD NAME CHIZMAR, IRENE STREET ADDRESS 6701 NW 7TH STREET CITY-ST-ZIP MIAMI FL 33126 TITLE TD NAME SUAREZ, VIVIAN STREET ADDRESS 6701 NW 7TH STREET CITY-ST-ZIP MIAMI FL 33126 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 17 / 1999 305-597-4348

CR2E034 (1/98)