

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000032806

Corporation Name
KALLISTA SHIPPING CORP.

FILED
99 JUN 16 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6701 NW 7TH STREET
SUITE 190
MIAMI FL 33126

Mailing Address
6701 NW 7TH STREET
SUITE 190
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

Principal Place of Business
4345 NW 97th AVE

2a. Mailing Address
4345 NW 97th AVE

3. Date incorporated or Qualified
04/09/1998

4. FEI Number
69-0829146

City & State
MIAMI FL

City & State
MIAMI FL

5. Certificate of Status Desired \$6.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

2b. Zip Code
33178

Country
USA

2c. Zip Code
33178

Country
USA

7. This corporation owes the current year intangible Personal Property Tax. Yes No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUAREZ, VMAN
6701 NW 7TH STREET
SUITE 190
MIAMI FL 33126

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 607.1806, Florida Statutes, I am familiar with, and accept the obligations of, Section 607.0502 as the registered agent or registered agent, or both, in the State of Florida. Such change is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.

12. Pursuant to the provisions of Sections 607.0502 and 607.1806, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and the fee if applicable.

DATE
Date when registered agent signs this statement.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	VPDS
NAME	LUCENA, ROSAURA	1.2 NAME	CHIZMAR, IRENE
STREET ADDRESS	6701 NW 7TH STREET	1.3 STREET ADDRESS	4345 NW 97th AVE
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	Mia, FL 33178
TITLE	VPD	2.1 TITLE	PTD
NAME	GARCIA, ISRAEL	2.2 NAME	GARCIA ISRAEL
STREET ADDRESS	6701 NW 7TH STREET	2.3 STREET ADDRESS	4345 NW 97th AVE
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	MIAMI, FL 33178
TITLE	SO	3.1 TITLE	
NAME	CHIZMAR, IRENE	3.2 NAME	
STREET ADDRESS	6701 NW 7TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	SUAREZ, VMAN	4.2 NAME	
STREET ADDRESS	6701 NW 7TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

PAID

CK. NO. 1181-ESB
DATE May 19/1999

\$6.25

14. I hereby certify that the information supplied with this filing does not quite accurately 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.

15. I further certify that the information supplied with this filing does not quite accurately 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: Irene M. Chizmar

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT: May 19/1999 (305) 597-4346