FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 10 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # S15882 (1)

1. Corporation Name

DIASHIP FLORIDA, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2601 S BAYSHORE DR S865 COCONUT GROVE FL 33133 US	2601 S BAYSHORE DR S865 COCONUT GROVE FL 33133 US

3. Date Incorporated or Qualified: 12/03/1990
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business — 21: 943 NORTH VENETIAN DR
2a. Mailing Address — 26: 943 NORTH VENETIAN DR.

4. FEI Number: 65-0228811 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23: MIAMI FLA
City & State — 28: MIAMI FLA

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

Zip — 24: 33135
Country — 25:
Zip — 29: 33139
Country — 30:

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~PORTUONDO, JOSEPH J.~~
~~150 WEST FLAGLER STREET~~
~~SUITE 2701~~
~~MIAMI FL 33130~~

10. Name and Address of New Registered Agent

81 Name: RICHARD L WILLIAMS
82 Street Address (P.O. Box Number Not Acceptable): 2601 SO BAYSHORE DR
83: SUITE 1250
84 City: MIAMI FL 85 Zip Code: 33133

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: Richard L Williams — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CASARES, MICHELE	1.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR S865	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	CASARES, BLAS R.	2.2 NAME	
STREET ADDRESS	943 NORTH VENETIAN DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, RICHARD L	3.2 NAME	
STREET ADDRESS	943 NORTH VENETIAN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	T.S. 2/10/95
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] JAN 25, 1995 305 858 9916
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number
BLAS R. CASARES S/T

0134004 CP