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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

INTERA	ILANTIC SHIPPING CO., I	NU,			ATTI AYAY AYAY AYAY AYAY AYAY AYAY AYAY
Principal Place	on Ausiness	Mailing Address		-	81811 01811 01811 01811 81811 81811 1881
7221 8W 100 CT MIAMI FL 83173 US		PO BOX 830752 MIAMI FL 33283-0752 US			
		•	:	3. Date Incorporated or Qualified 03/27/1991	3a. Date of Last Report 03/07/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26	·	65-0285737	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	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 has liability for it	
24	25 9. Name and Address of Curre	29 ant Banklarad Anont	30	Florida Statutes 10. Name and Address of New Reg	Yes No
4.70		on noglatered Agent	81 Name	TO, Traine and Address of New Act	Jistered Agent
AZEVEDO, PAULO 7072 N.W. 77TH CT.			L., J.		
	2 N.W. 7718 CT. MFFL 33168		82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)
MIN	MI FL 33100		83		
			B4 City		FL 85 Zip Code
11. Pursuant to office or reagent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stam familiar with, and accept the obli	502 and 607.1508, Florida Statt to of Florida. Such change was gations of, Section 607.0505, F	utes, the above-named corp authorized by the corporati forida Statutes.	oration submits this statement for the pon's board of directors. I hereby accep	
SIGNATURE					DATI
12.	Signature, typed or printed name of repistered a OFFICERS A	ngont and little if applicable (NC ND DIRECTORS	211 Rugiste ed Agent signature require	ADDITIONS/CHANGES TO OFFIC	· · · · · · · · · · · · · · · · · · ·
TITLE	D	DELETE	1,1 7171.8	TABOTTO TO STATE	Change Addition
NAME	AZEVEDO, PAULO		1,2 NAME		
STREET ADORESS	7221 S.W. 100TH CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		}
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. C(TY - \$1 - Z(P		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE1 ADDRESS		
CITY-ST-ZIP		,	4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITL€		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	here-	5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 \$TREET ADDRESS		

6.4 CITY-ST-ZIP 14. I do 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 lequired 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.