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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$80815

1. Corporation Name

Principal Place of Business

WALLEM SHIPMANAGEMENT, INC.

800 FAIRWAY DR SUITE 190 DEERFIELD BEACH FL 33441 US		800 Fairway Drive Suite 190 Deerfield Beach Fl 33441 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/17/1991							
2. Principal Pl	lace of Business	2a. Mailing Address				1	4. FEI Num	ber -					App	led For
21		26				.L	65-028	1303					Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certifcate	of Status	Desired	X	•	·	75 Ac	Iditional
22		27	,											
City & State	e	City & State				1	6. Election (ng 🗆			.UU N	fay Be
23		28						nd Contrib						rees
Zip	Country	Zip		ountry			8. This corp	oration ov Property		urrent ye	ear Inta	ngible Yes	: [JNo
24 .	9. Name and Address of Curre	29	30				0. Name ar			w Regist				
	9. Name and Address of Curre	ent Registered Agent		81	Name		g, realite as							
SAN	DHU, GURDIP S													
7024 NW 67TH TERRACE				82	Street /	Address	(P.O. Box N	lumber is	Not Acce	eptable)				
	. 706			83										
	KLAND FL 33067													
,				84	City	•					FL	85	Zip Co	ode
i office or n	to the provisions of Sections 607.05 registered agent, or both, in the Stat im familiar with, and accept the obliging the section of the sect	e of Florida, Such change wa	is autnonze	ea ov u	he corpo	oration's	board of dire	ectors. I h	ereby ac	сері ше	аррош	unon k	us reg	stered
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable.	DIP OTE: Registere	SIN	GH signature re	SAN required whe				D,	MAI			
SIGNATURE		gent and title if applicable. (N AND DIRECTORS	IOTE: Registere	SIN	GH signature re	SAN required who	DHU on reinstating) ADDITION	IS/CHANG	GES TO	D,	ATE	D DIR	ECTOR	
		gent and title if applicable. (N	IOTE: Registere	SIN	GH signature re	SAN required whe	eπ reinstating)	IS/CHANG	GES TO	D,	ATE		ECTOR	RS IN 12
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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.

6.4 CITY-ST-ZIP

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90081 044 ***158.75