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 APR 17 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V21812 (5)

1. Corporation Name
GLOBAL OCEAN TRANSPORTATION SYSTEMS, INC.

Principal Place of Business	Mailing Address
4030 E. 7TH AVE. SUITE 309 TAMPA FL 33605 US	4030 E. 7TH AVE. SUITE 309 TAMPA FL 33605 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/18/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1916 N. 14th St.	26 1916 N. 14th St.
Suite, Apt. #, etc. 22 204	Suite, Apt. #, etc. 27 204
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL.
Zip 24 33605 Country 25 USA	Zip 29 33605 Country 30 USA

4. FEI Number: 59-3119668 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BONWS, ROGER 8919 PEPPER MILL CT. N TAMPA FL 33634 Address Chang.	81 Name: BOUWS, ROGER 82 Street Address (P.O. Box Number is Not Acceptable): 7727 BAY PINES Dr. 83 84 City: Zephyrhills FL 85 Zip Code: 33544

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: Roger Bouws — 4/11/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	1.1 TITLE	DPS	☒ Change ☐ Addition
NAME	BOUWS, ROGER	1.2 NAME	Bouws Roger	
STREET ADDRESS	8919 PEPPERMILL CT., N.	1.3 STREET ADDRESS	7727 Bay Pines Dr	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	zephyrhills, FL ~~33605~~ 33544	
TITLE	DVT	2.1 TITLE	DVT	☒ Change ☐ Addition
NAME	BOUWS, SUSAN	2.2 NAME	Bouws, Susan	
STREET ADDRESS	8919 PEPPERMILL CT., N.	2.3 STREET ADDRESS	7727 Bay Pines Dr	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Zephyrhills, FL 33544	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
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 do 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)(k), 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: President — 4/11/95 — 813-248-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Roger Bouws

0908733 CP