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 MAY -1 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V30888** **(4)**

1. Corporate Name

PRAMS WATER SHIPPING COMPANY, INCORPORATED

Principal Place of Business
13704 SW 83 COURT
MIAMI FL 33158

Mailing Address
13704 SW 83 COURT
MIAMI FL 33158

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/21/1992**

3a. Date of Last Report: **03/07/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

County
25

Zip
29

County
30

4. FEI Number: **65-0336845** ☐ 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

7. *This corporation has taxable tangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAHAJAN, M. R.
13704 SW 83 COURT
MIAMI FL 33158

10. Name and Address of New Registered Agent

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 607.1508, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
01 TITLE	PD	☐ Change ☐ Addition
02 NAME	MAHAJAN, M.R.	
03 STREET ADDRESS	13704 SW 83 CT.	
04 CITY, ST, ZIP	MIAMI FL	
05 TITLE	VD	☐ Change ☐ Addition
06 NAME	MAHAJAN, SARITA	
07 STREET ADDRESS	13704 SW 83 CT.	
08 CITY, ST, ZIP	MIAMI FL	
09 TITLE	ST	☐ Change ☐ Addition
10 NAME	MAHAJAN, SARITA	
11 STREET ADDRESS	13704 SW 83 CT.	
12 CITY, ST, ZIP	MIAMI FL	
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY, ST, ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY, ST, ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
25 TITLE		☐ Change ☐ Addition
26 NAME		
27 STREET ADDRESS		
28 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this report is accurate and that this report is executed in accordance with Section 607.0502, Florida Statutes. I further certify that I am a director or officer 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 above or on an attachment with an address.

SIGNATURE: MANOHAR R. MAHAJAN 4/30/95 (305) 661 6707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0200741 CP