SAFETY MANAGEMENT CERTIFICATE

Issued under the provisions of the INTERNATIONAL CONVENTION FOR THE SAFETY OF LIFE AT SEA, 1974, as amended, under the authority of the

GOVERNMENT OF BERMUDA
Department of Maritime Administration

Name of the Ship	**MADRID EXPRESS**
Official Number	**905344**
Port of Registry	**HAMILTON**
Type of Ship	**OTHER CARGO SHIP**
Gross Tonnage	**40446**
IMO Number	**8406262**
Name and Address of Company *	**ANGLO EASTERN SHIP MANAGEMENT LTD.** **23/F, 248 Queen's Road East** **Wanchai** **Hong Kong** **Company IMO# 0522961**

THIS IS TO CERTIFY THAT the safety management system of the ship has been audited and that it complies with the requirements of the International Management Code for the Safe Operation of Ships and for Pollution Prevention (ISM Code), following verification that the Document of Compliance for the Company is applicable to this type of ship.

Completion date of the audit on which this certificate is based..... **10 September, 2009** .....

This Safety Management Certificate is valid until ..... **09 September, 2014** ..... , subject to periodical verification and the Document of Compliance remaining valid.

Issued at ..... **Hamilton, Bermuda** .....
(Place of issue of the document)

BERMUDA GOVERNMENT
Official Stamp
MARITIME ADMINISTRATION

Date of issue ..... **14 September, 2009** .....

.....
(Signature of the duly authorized official issuing the certificate)

..... **S.HILL** .....
(Name)

** see paragraph 1.1.2 of the ISM Code*

ENDORSEMENT FOR INTERMEDIATE VERIFICATION AND ADDITIONAL VERIFICATION (IF REQUIRED)

THIS IS TO CERTIFY THAT, at the periodical verification in accordance with regulation IX/6.1 of the Convention and paragraph 13.8 of the ISM Code, the safety management system was found to comply with the requirements of the ISM Code.

INTERMEDIATE VERIFICATION

(to be completed between the **second** and **third** anniversary date)

Official Stamp

Signed: .....
(Signature of authorized official)

Place: .....

Date: .....

ADDITIONAL VERIFICATION *

Official Stamp

Signed: .....
(Signature of authorized official)

Place: .....

Date: .....

ADDITIONAL VERIFICATION *

Official Stamp

Signed: .....
(Signature of authorized official)

Place: .....

Date: .....

ADDITIONAL VERIFICATION *

Official Stamp

Signed: .....
(Signature of authorized official)

Place: .....

Date: .....

* *If applicable*