

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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95 APR 18 PM 6:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K25893** (4)  
1. Corporation Name  
**INTERNATIONAL MARITIME SHIPS AGENTS, CORP.**

Principal Place of Business Mailing Address  
**1/ ARAZOZA & COMAS PA** **1/ ARAZOZA & COMAS PA**  
**101 MADEIRA AVE** **101 MADEIRA AVE**  
**CORAL GABLES FL 33134** **CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/10/1988** 3a. Date of Last Report **03/09/1994**

4. FEI Number **65-0068818** 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 § 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 **2951 NW 21 TERRACE** 26 **2951 NW 21 TERRACE**

22 Suite, Apt. #, etc 27 Suite, Apt. #, etc

23 **MIAMI, FL 33142** 28 **MIAMI, FL 33142**

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**ARAZOZA & COMAS PA**  
**101 MADEIRA AVE**  
**CORAL GABLES FL 33134**

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PSD</b>
NAME	<b>BABUN, JOSE</b>
STREET ADDRESS	<b>3130 NW 14TH STREET</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<del>XSD</del>
NAME	<del>XBABUN, JOSE</del>
STREET ADDRESS	<del>X3130 NW 14TH STREET</del>
CITY, ST, ZIP	<del>XMIAMI FL</del>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BABUN, JOSE</b>	
1.3 STREET ADDRESS	<b>3160 NW 14 ST.</b>	
1.4 CITY, ST, ZIP	<b>MIAMI, FL 33125</b>	
2.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>BABUN, JOSE JRSUS</b>	
2.3 STREET ADDRESS	<b>3160 NW 14 ST</b>	
2.4 CITY, ST, ZIP	<b>MIAMI, FL 33125</b>	
3.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>BABUN, SARA CRISTINA</b>	
3.3 STREET ADDRESS	<b>9250 SW 69 ST</b>	
3.4 CITY, ST, ZIP	<b>MIAMI, FL 33173</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 of this report, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* - SECRETARY Date: **4-11-95** 305-635-0496