

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 DEC 26 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # **K25893** (4)
 1. Corporation Name
INTERNATIONAL MARITIME SHIPS AGENTS, CORP.
REINSTATEMENT 1997

Principal Place of Business Mailing Address
2061 NW 21 TERR **2061 NW 21 TERR**
MIAMI FL 33142 **MIAMI FL 33142**
US **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 2945 NW 21 TERRACE **26 2945 NW 21 TERRACE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
 City & State City & State
23 MIAMI, FLORIDA **28 MIAMI, FLORIDA**
 Zip Country Zip Country
24 33 142 **25 USA** **29 33 142** **30 USA**

3. Date Incorporated or Qualified **06/10/1988** 3a. Date of Last Report **01/29/1996**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
ARAZOZA & GOMAS PA
101 MADEIRA AVE
ORAL CABLES FL 33134

10. Name and Address of New Registered Agent
81 Name FOWLER & WHITE P.A.
C/O JOHN FRIEDHOFF
82 Street Address (P.O. Box Number is Not Acceptable)
100 S.E. 2ND STREET, 17TH FLOOR
83
84 City MIAMI FL 85 Zip Code 33131

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 *John Friedhoff* **JOHN FRIEDHOFF** **12/23/97**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	BABUN, JOSE
STREET ADDRESS	3160 NW 14 ST
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	BABUN, JOSE JESUS
STREET ADDRESS	3160 NW 14 ST
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	BABUS, SARA C.
STREET ADDRESS	9250 SW 69 ST
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

300002384835-00 Addition
-12/29/97--01123--018
******750.00 ****750.00**

21 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	S / V.P.
23 STREET ADDRESS	BABUN, JOSE JESUS
24 CITY-ST-ZIP	12711 NW 6TH STREET
25 CITY-ST-ZIP	MIAMI, FLORIDA 33182-1162
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	T / V.P.
33 STREET ADDRESS	BABUN, SARA CRISTINA
34 CITY-ST-ZIP	9250 SW 69TH STREET
35 CITY-ST-ZIP	MIAMI, FLORIDA 33173
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

A. Alan
12/26/97

14. I do 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.

CR2E034 (4/97)