

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P15716** (4)

1. Corporation Name
NAVIOS SHIP AGENCIES INC.



Principal Place of Business: **120 MALLARD STREET SUITE 210 ST. ROSE LA 70087**
Mailing Address: **120 MALLARD STREET SUITE 210 ST. ROSE LA 70087**

3. Date Incorporated or Qualified: **08/26/1987**
3a. Date of Last Report: **04/04/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	06-1101778	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	25		
Zip	Country		
24	29		
	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (NOTE: Registered Agent Signature required when changing office or agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITWORTH, A R	12 NAME	
STREET ADDRESS	333 LUDLOW ST	13 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DTS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOAG, BRUCE C.	22 NAME	
STREET ADDRESS	333 LUDLOW ST	23 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	C	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERTIN, EVELYN	32 NAME	
STREET ADDRESS	120 MALLARD ST.	33 STREET ADDRESS	
CITY-ST-ZIP	ST. ROSE LA	34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFY, GEORGE E.	42 NAME	
STREET ADDRESS	120 MALLARD ST.	43 STREET ADDRESS	
CITY-ST-ZIP	ST. ROSE LA	44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITSOS, CHRIS	52 NAME	
STREET ADDRESS	120 MALLARD ST.	53 STREET ADDRESS	
CITY-ST-ZIP	ST. ROSE LA	54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, C. SEAN	62 NAME	
STREET ADDRESS	333 LUDLOW STREET	63 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Chris T. Kitsos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Chris T. Kitsos, Vice President

3/27/96 504-469-0731
Daytime Phone #

CR2E034 (12/95)