

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 06 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
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 70087-9453**

3. Date Incorporated or Qualified **08/26/1987** 3a. Date of Last Report **04/11/1996**

4. FEI Number **06-1101778** 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 s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

**8. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

**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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITWORTH, A R</b>	
STREET ADDRESS	<b>333 LUDLOW ST</b>	
CITY-ST-ZIP	<b>STAMFORD CT</b>	
TITLE	<b>DYS</b>	<input type="checkbox"/> DELETE
NAME	<b>HOAG, BRUCE C.</b>	
STREET ADDRESS	<b>333 LUDLOW ST</b>	
CITY-ST-ZIP	<b>STAMFORD CT</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>QUERTIN, EVELYN</b>	
STREET ADDRESS	<b>120 MALLARD ST.</b>	
CITY-ST-ZIP	<b>ST. ROSE LA</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DUFFY, GEORGE E.</b>	
STREET ADDRESS	<b>120 MALLARD ST.</b>	
CITY-ST-ZIP	<b>ST. ROSE LA</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>KITSOS, CHRIS</b>	
STREET ADDRESS	<b>120 MALLARD ST.</b>	
CITY-ST-ZIP	<b>ST. ROSE LA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAY, C. SEAN</b>	
STREET ADDRESS	<b>333 LUDLOW STREET</b>	
CITY-ST-ZIP	<b>STAMFORD CT</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>President &amp; Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>120 Mallard St.</b>
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 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 of the and/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, unchanged, or on an attachment with an address.

CR2E034 (9/96)