


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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90067 036 \*\*\*150.00

0541731

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P15716**

1. Corporation Name  
**NAVIOS SHIP AGENCIES INC.**



Principal Place of Business 120 MALLARD STREET SUITE 210 120 ST. ROSE LA 70087	Mailing Address <b>110 James Drive West</b> 120 MALLARD STREET SUITE 210 120 ST. ROSE LA 70087
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>110 James Drive West</b>	2a. Mailing Address 26 <b>110 JAMES Drive West</b>
Suite, Apt. #, etc. 22 <b>SUITE 120</b>	Suite, Apt. #, etc. 27 <b>SUITE 120</b>
City & State 23 <b>ST. ROSE</b>	City & State 28 <b>ST. ROSE</b>
Zip 24 <b>La.</b>	Zip 29 <b>La.</b>
Country 25 <b>70087</b>	Country 30 <b>70087</b>

3. Date Incorporated or Qualified <b>08/26/1987</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>06-1101778</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. 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	<b>FL</b>
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITWORTH, A R	1.2 NAME	
STREET ADDRESS	333 LUDLOW ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	1.4 CITY-ST-ZIP	
TITLE	DTS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOAG, BRUCE C.	2.2 NAME	
STREET ADDRESS	333 LUDLOW ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	2.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	<b>VICE PRESIDENT, Finance</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERTIN, EVELYN	3.2 NAME	
STREET ADDRESS	120 MALLARD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. ROSE LA	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFY, GEORGE E.	4.2 NAME	
STREET ADDRESS	120 MALLARD ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. ROSE LA	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITSOS, CHRIS	5.2 NAME	
STREET ADDRESS	120 MALLARD ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. ROSE LA	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, C. SEAN	6.2 NAME	
STREET ADDRESS	333 LUDLOW STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Emilio...* SIGNATURE REQUIRED 4-15-99 504-469-0731  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)