

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P39492** (4)

1. Corporation Name  
**MARON SHIPPING AGENCY, INC.**



Principal Place of Business: **20 VESEY STREET NEW YORK NY 10007**  
 Mailing Address: **20 VESEY STREET NEW YORK NY 10007**

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **07/02/1992**  
 3a. Date of Last Report: **02/28/1995**  
 4. FEI Number: **13-5641560**  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **VALDES, JUANA M. 200 NW 32ND PLACE MIAMI FL 33125**  
 10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

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 or directors. Thereby 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>DC</b>	<input type="checkbox"/> DELETE	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MEISER, JOHN</b>		12 NAME:	
STREET ADDRESS: <b>210 STAHL'S WAY</b>		13 STREET ADDRESS:	
CITY-STATE-ZIP: <b>NO. PLAINFIELD NJ</b>		14 CITY-STATE-ZIP:	
TITLE: <b>P</b>	<input type="checkbox"/> DELETE	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MARON, WILLIAM A.</b>		22 NAME:	
STREET ADDRESS: <b>388 ROBYN PLACE</b>		23 STREET ADDRESS:	
CITY-STATE-ZIP: <b>EAST MEADOW NY</b>		24 CITY-STATE-ZIP:	
TITLE: <b>VP</b>	<input type="checkbox"/> DELETE	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>YOUNG, JOHN M.</b>		32 NAME:	
STREET ADDRESS: <b>257 NEAL DOW AVE.</b>		33 STREET ADDRESS:	
CITY-STATE-ZIP: <b>STATEN ISLAND NY</b>		34 CITY-STATE-ZIP:	
TITLE: <b>S</b>	<input type="checkbox"/> DELETE	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MARON, TRUDY</b>		42 NAME:	
STREET ADDRESS: <b>388 ROBYN PLACE</b>		43 STREET ADDRESS:	
CITY-STATE-ZIP: <b>EAST MEADOW NY</b>		44 CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY-STATE-ZIP:		54 CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-STATE-ZIP:		64 CITY-STATE-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 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 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 in an attachment with an address.

SIGNATURE: *William A Maron* **WILLIAM A MARON** **PRESIDENT** **3/12/96** **(212) 619-5400**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitally Printed

CR2E034 (12/95)