

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL -3 AM 8:37

DOCUMENT # 134001 (7)

1. Corporation Name

MIAMI SHIPYARDS CORPORATION

Principal Place of Business

690A SW 1ST COURT
MIAMI FL 33130
US

Mailing Address

690A SW 1ST COURT
MIAMI FL 33130
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1937

3a. Date of Last Report

03/29/1994

4. FET Number

59-0249300

Applied For

Not Application

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Further Certificate of Status

☐ \$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

21 Suite, Apt. #, etc.

22 City & State

23

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

9. Name and Address of Current Registered Agent

BROWN, J WEBSTER
615 S.W. 2 AVE.
MIAMI FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 690 SW 1ST CT.

84 City

MIAMI

FL

85 Zip Code

33130

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (if registered agent is the filer)

Signature of New Registered Agent (signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE	PD
2. NAME	BROWN, J WEBSTER
3. STREET ADDRESS	690-A SW 1ST COURT
4. CITY, ST, ZIP	MIAMI FL
5. TITLE	VD
6. NAME	AUSTIN, TOM
7. STREET ADDRESS	690-A SW 1ST COURT
8. CITY, ST, ZIP	MIAMI FL
9. TITLE	SD
10. NAME	FLEITAS, ANGELA L
11. STREET ADDRESS	690-A SW 1ST COURT
12. CITY, ST, ZIP	MIAMI FL
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS

1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(5)(b), 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 of this report, or on an attachment with an address.

SIGNATURE:

J. Webster Brown
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6/27/95

(Date)

CR2E034 (3/95)