

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
MINIMUM DUE OR BECOME DUE: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Martin
 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

600-A SW 1ST COURT
 MIAMI FL 33130
 US

Mailing Address

600-A SW 1ST COURT
 MIAMI FL 33130
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

03/01/1937 **03/29/1994**

4. FEI Number Applied For
59-0249300 Not Applicable

5. Certificate of Status Desired \$0.75 Additional
 Fee Required

6. Extra fee charged if extra copies
 required \$5.00 May Be
 Added to Fees

7. This corporation has liability for interests tax under s. 100-032
 Florida Statutes Yes No

8. Name and Address of Current Registered Agent

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

81. Name *J. Webster Brown*
 82. Street Address (P.O. Box Number is Not Acceptable)
690 SW 1ST CT.
 83. City *Miami* 85. Zip Code *33130*

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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

J. Webster Brown

NOTE: Registered Agent signature required when changing

NAME

12. OFFICERS AND DIRECTORS

13. ADDRESS OF OFFICER/DIRECTOR

FIRST NAME
 MIDDLE NAME
 STREET ADDRESS
 CITY, ST, ZIP

PD
BROWN, J WEBSTER
600-A SW 1ST COURT
MIAMI FL

14. OFFICE
 17 NAME
 18 STREET ADDRESS
 19 CITY, ST, ZIP

Change Add

FIRST NAME
 MIDDLE NAME
 STREET ADDRESS
 CITY, ST, ZIP

TD
AUSTIN, TOM
600-A SW 1ST COURT
MIAMI FL

20. OFFICE
 21 NAME
 22 STREET ADDRESS
 23 CITY, ST, ZIP

Change Add

FIRST NAME
 MIDDLE NAME
 STREET ADDRESS
 CITY, ST, ZIP

SD
FLETAS, ANGELA L
600-A SW 1ST COURT
MIAMI FL

24. OFFICE
 25 NAME
 26 STREET ADDRESS
 27 CITY, ST, ZIP

Change Add

FIRST NAME
 MIDDLE NAME
 STREET ADDRESS
 CITY, ST, ZIP

28. OFFICE
 29 NAME
 30 STREET ADDRESS
 31 CITY, ST, ZIP

Change Add

FIRST NAME
 MIDDLE NAME
 STREET ADDRESS
 CITY, ST, ZIP

32. OFFICE
 33 NAME
 34 STREET ADDRESS
 35 CITY, ST, ZIP

Change Add

FIRST NAME
 MIDDLE NAME
 STREET ADDRESS
 CITY, ST, ZIP

36. OFFICE
 37 NAME
 38 STREET ADDRESS
 39 CITY, ST, ZIP

Change Add

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 110.07(3)(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 if certified, or on an attachment with an address.

SIGNATURE:

J. Webster Brown

NOTARIZED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/95

Florida Statute

CR2E034 (3/95)