

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 10: 29

DOCUMENT # 547855

(7)

1. Corporation Name

MARITIME SERVICES, INC.

Principal Place of Business

2655 LE JEUNE RD #1010
CORAL GABLES FL 33134

Mailing Address

2655 LE JEUNE RD #1010
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/28/1977

3a. Date of Last Report
02/25/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
22-2174254

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BABOORAM, RONALD P
11478 SW 73RD STREET
MIAMI FL 33173

01 Name Ernst J. Hodde
02 Street Address (P.O. Box Number is Not Acceptable)
7800 S.W. 136 Street
03
04 City Miami FL 05 Zip Code 33156

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

February 3, 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTS
NAME	BABOORAM, RONALD P
STREET ADDRESS	11478 SW 73RD ST
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	BABOORAM, RONALD P
STREET ADDRESS	11478 SW 73RD STREET
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	P.T.S.	☒ Change ☐ Addition
1.2 NAME	Ernst J. Hodde	
1.3 STREET ADDRESS	7800 S.W. 136 Street	
1.4 CITY-ST-ZIP	Miami Florida 33156	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	Ernst J. Hodde	
2.3 STREET ADDRESS	7800 S.W. 136 Street	
2.4 CITY-ST-ZIP	Miami Florida 33156	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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 my appointment and an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 3, 1995 305

(441-1391)