

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

OFFICIAL PUBLICATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CENTRAL MAIL ROOM
1901 N. BIRDAWAY BLVD.
TALLAHASSEE, FLORIDA 32310

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS

DOCUMENT # **652685**

(9)

95 MAY -1 AM 8:15

MARITIME ASSOCIATES, INC.

1. Name and Address of Existing Agent 1040 PORT BLVD. STE 400 MIAMI FL 33132		2. Name and Address of New Agent 1040 PORT BLVD. STE 400 MIAMI FL 33132		3. Date of Corporation's Incorporation 01/18/1980	3a. Date of Last Report 03/23/1994
21. Principal Place of Business	22. State Address	23. City Address	24. State Address	4. FIC Number 59-2032781	Applied For Not Applicable
25. State Address	26. City Address	27. State Address	28. City Address	5. Certificate of Status (Lapsed) <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
29. State Address	30. City Address	29. State Address	30. City Address	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent PIETRO, LOUIS A. 1040 PORT BLVD, STE 400 MIAMI FL 33132				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. State	FL
				85. Zip Code	
11. Pursuant to the provisions of Sections 607.01 and 607.1500, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to a registered agent or both in the State of Florida. Such a change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of said corporation and accept the qualifications of said business under Florida Statutes.					
SIGNATURE					

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS, AND OTHER OFFICERS	
NAME	DP PIETRO, LOUIS A 44 PALERMO AVE CORAL GABLES FL	NAME	
ADDRESS	D STEIN, LOUIS 1947 NE 119 RD N MIAMI FL	ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01 and 607.1500, Florida Statutes. I further certify that the information indicated on the 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 a resident of the State of Florida and that the business of the corporation is conducted in the State of Florida. I hereby certify that I am a resident of the State of Florida and that my name appears on the list of officers, directors, or other officers of the corporation as required by Sections 607.01 and 607.1500, Florida Statutes, and that my name appears on the list of officers, directors, or other officers of the corporation as required by Sections 607.01 and 607.1500, Florida Statutes.

SIGNATURE: *Louis Stein* **LOUIS STEIN** 4.20.95 3/10/95 305-371-8491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR