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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F67232** (1)
1. Corporation Name
DELMAR STEAMSHIP AGENCY, INC.

Principal Place of Business Mailing Address
2125 BISCAYNE BLVD., SUITE 570 2125 BISCAYNE BLVD.
MIAMI FL 33137 FOURTH FLOOR
MIAMI FL 33137
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 26
Suites, Apt. #, etc. Suites, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
02/15/1982 04/04/1994
4. FEI Number Applied For
59-2162905 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
PENINSULA, REGISTERED AGE I
200 SE 1ST STREET - PENTHOUSE
ATTN: MR. BURTON LANDY
MIAMI FL 33131

10. Name and Address of New Registered Agent
b1 Name
b2 Street Address (P.O. Box Number is Not Acceptable)
b3
b4 City FL b5 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARURI, ANGEL 2125 BISCAYNE BLVD. - FOURTH FLOOR MIAMI, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEL DAGO, ROSA 2125 BISCAYNE BLVD. - FOURTH FLOOR MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM HERNANDEZ, ALFRED 2125 BISCAYNE BLVD. - FOURTH FLOOR MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEL DAGO, CARMEN 2125 BISCAYNE BLVD. - FOURTH FLOOR MIAMI, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an appointment with an address.

SIGNATURE: _____ Date: **March 7, 1995** 305-5734020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR