

DOCUMENT # F67232

1. Entity Name

DELMAR STEAMSHIP AGENCY, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90028 046 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1670 N.W. 94TH AVE. MIAMI FL 33172-2836 US	Mailing Address 2890 N.W. 35 STREET MIAMI FL 33172-2836 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1670 N. W. 94th Avenue Suite, Apt. #, etc.
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City & State Miami, FL	City & State 33172-2836	4. FEI Number 59-2162905	Applied For <input type="checkbox"/> Not Applicable
Zip 33172-2836	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

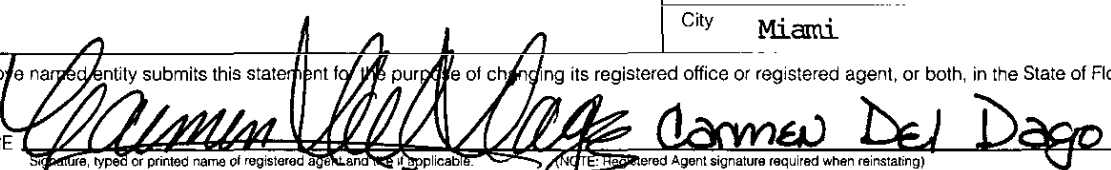
DAGO, DEL C
2890 N.W. 35 STREET
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name **Carmen Del Dago**
Street Address (P.O. Box Number is Not Acceptable)
1670 N. W. 94th Avenue

City **Miami** FL **33172-2836**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  **Carmen Del Dago** DATE **1/07/00**

Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

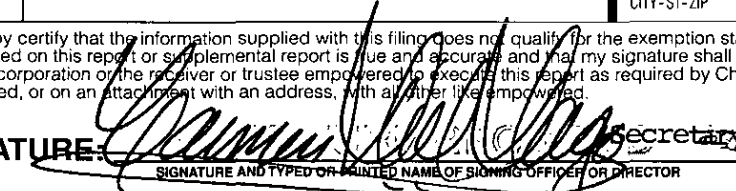
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEL DAGO, ROSA 2890 N.W. 35 STREET MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEL DAGO, CARMEN 2890 N.W. 35TH STREET MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL DAGO, MANUEL 2890 N.W. 35 STREET MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Director Del Dago, Rosa 1670 N. W. 94th Avenue Miami, Fl 33172-2836	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Treasurer, Director Del Dago, Carmen 1670 N. W. 94th Avenue Miami, Fl 33172-2836	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Del Dago, Manuel 1670 N.W. 94th Avenue, Miami, Fl 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00 (305) 599-1900
Date Daytime Phone #