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FILED
Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000004238 (2)

1. Corporation Name

AMERICAN OCEAN FREIGHT SERVICES, INC.

Principal Place of Business

800 POYDRAS ST.
SUITE L903
NEW ORLEANS LA 70130

Mailing Address

300 POYDRAS ST.
SUITE L903
NEW ORLEANS LA 70130-3268



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/15/1993

3a. Date of Last Report

03/20/1996

4. FEI Number

72-1109399

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

WALTON, WILLIAM T
1001 NORTH AMERICAN WAY
SUITE 212
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name MARIA EUGENIA SALVO
82 Street Address (P.O. Box Number is Not Acceptable)
8400 N.W. 52 SECOND ST. #204
83 MIAMI, Florida 33166
84 City FL 85 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

Maria Eugenia Salvo

MARIA EUGENIA SALVO

1/13/97

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

(Note: Registered agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCP
NAME WIKSTROM, MARTHA
STREET ADDRESS 4447 MARKHAM AVE.
CITY-ST-ZIP JEFFERSON LA 70121

TITLE ST
NAME MARGAN, HELENE
STREET ADDRESS 518 NORTH LA BARRE RD.
CITY-ST-ZIP METAIRIE LA 70001

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 on an attachment with an address.

SIGNATURE

Maria Eugenia Salvo

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--02/12/97--01085--045
***165.00

1/13/97 (504) 837-5888

CR2E034 (9/96)