

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # F94000006330 (4)**  
 1. Corporation Name  
**AMERICAN INTERNATIONAL MARINE AGENCY OF NEW YORK, INC.**



Principal Place of Business  
**70 PINE STREET  
 NEW YORK NY 10270**

Mailing Address  
**70 PINE STREET  
 ATTN E M TUCK  
 NEW YORK NY 10270-0002  
 US**

3. Date Incorporated or Qualified **12/13/1994** 3a. Date of Last Report **05/01/1996**

4. FEI Number **13-5512070** 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**

B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET, SUITE 105  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>GREENBERG, EVAN GLENN</b>	
STREET ADDRESS	<b>70 PINE STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10270</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>SMITH, WILLIAM D</b>	
STREET ADDRESS	<b>70 PINE STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>GREENBERG, MAURICE R</b>	
STREET ADDRESS	<b>70 PINE STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10270</b>	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>MACK, WILLIAM</b>	
STREET ADDRESS	<b>80 MAIDEN LANE</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	<b>MANTON, EDWIN</b>	
STREET ADDRESS	<b>70 PINE STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10270</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>ROBERTS, JOHN J</b>	
STREET ADDRESS	<b>70 PINE STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10270</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>C/D Tizzio, Thomas R.</b>
1.3 STREET ADDRESS	<b>70 Pine Street</b>
1.4 CITY-ST-ZIP	<b>New York, NY 10270</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>S Tuck, Elizabeth M.</b>
2.3 STREET ADDRESS	<b>70 Pine Street</b>
2.4 CITY-ST-ZIP	<b>New York, NY 10270</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D mack, william</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D manton, Edwin A. G.</b>
5.3 STREET ADDRESS	<b>70 Pine Street</b>
5.4 CITY-ST-ZIP	<b>New York, NY 10270</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>P/D French, David</b>
6.3 STREET ADDRESS	<b>80 maiden Lane</b>
6.4 CITY-ST-ZIP	<b>New York, NY 10038</b>

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: *Elvis...* *du...* 4/29/97 1212770-7006

CRCE034 (9/96)