

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L79696** (5)
1. Corporation Name
SHIP CONSTRUCTION & FUNDING SERVICES (USA), INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -5 PM 4:13

Principal Place of Business Mailing Address
C/O MICHAEL SCHALIT
3250 MARY ST., STE. 207
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/12/1990** 3a. Date of Last Report **02/04/1994**
4. FEI Number **22-2547968** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. 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 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent
SCHALIT, MICHAEL
3250 MARY ST.
SUITE 207
COCONUT GROVE FL 33133

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 *[Signature]* (NOTE: Registered Agent signature required when reappointing) DATE **2/1/95**

12. OFFICERS AND DIRECTORS
TITLE D
NAME **SCHALIT, ELIE**
STREET ADDRESS **1 GROVE ISLE DR.**
CITY-ST-ZIP **GROVE ISLE FL**
TITLE V
NAME **SCHALIT, MICHAEL**
STREET ADDRESS **34 SAMANA DR**
CITY-ST-ZIP **MIAMI FL**
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
1.1 TITLE C ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME **SCHALIT, MICHAEL**
2.3 STREET ADDRESS **10078 S.W. 125th STREET**
2.4 CITY-ST-ZIP **MIAMI, FLORIDA 33186**
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 or changed for an amendment with an address.

SIGNATURE *[Signature]* **MICHAEL SCHALIT** 2/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR