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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 3:46

DOCUMENT # M14979 (2)

1. Corporation Name
MARITIME AGENCY SERVICES, INC

Principal Place of Business	Mailing Address
10253 SW 116TH ST. (33176) P.O. BOX 01-5751 MIAMI FL 33101	10253 SW 116TH ST. (33176) P.O. BOX 01-5751 MIAMI FL 33101

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/03/1985
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-2533455 ☐ 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

KIENTZ, JOHN H., JR.
10253 SW 116ST
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name: GIOVANNA M. KIENTZ
82 Street Address (P.O. Box Number is Not Acceptable): 10253 S.W. 116 Street
83
84 City: MIAMI FL 85 Zip Code: 33176

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: gmKientz GIOVANNA M KIENTZ Pres. + Director 1-31-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President Director	☒ Change ☐ Addition
NAME	KIENTZ, JOHN H., JR.	1.2 NAME	GIOVANNA M. KIENTZ	
STREET ADDRESS	10253 SW 116TH ST.	1.3 STREET ADDRESS	10253 SW 116 Street	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL. 33176	
TITLE	D	2.1 TITLE	Sec. Treasure Director	☐ Change ☒ Addition
NAME	KIENTZ, GIOVANNA MARIA	2.2 NAME	Gioconda I. Lopez	
STREET ADDRESS	10253 SW 116TH ST.	2.3 STREET ADDRESS	7800 S.W. 112 Street	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL. 33156	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: gmKientz GIOVANNA M. KIENTZ 1-31-95 305 253-3146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0428706 FP