

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # M22275

(5)

1. Corporation Name

AMERICAN SHIP AGENCIES, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 13 AM 10:34

Principal Place of Business

**5915 PONCE DE LEON BLVD.
SUITE #63
MIAMI FL 33146-2477**

Mailing Address

**5915 PONCE DE LEON BLVD.
SUITE #63
MIAMI FL 33146-2477**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/22/1985

3a. Date of Last Report

03/18/1994

4. FEI Number

65-0048503

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

**MILLIKEN, WILLIAM B.
5915 PONCE DE LEON BLVD.
SUITE #63
MIAMI FL 33146-2477**

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

(If not, Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME QUINN, DONALD T.
STREET ADDRESS 5915 PONCE DE LEON BLVD.
CITY- ST- ZIP MIAMI FL**

**TITLE S
NAME TOLEDO, ANA
STREET ADDRESS 5915 PONCE DE LEON BLVD.
CITY- ST- ZIP MIAMI FL**

**TITLE D
NAME HAYDEN, REGINALD M., JR.
STREET ADDRESS 5915 PONCE DE LEON BLVD.
CITY- ST- ZIP MIAMI FL**

**TITLE D
NAME MILLIKEN, WILLIAM B.
STREET ADDRESS 5915 PONCE DE LEON BLVD.
CITY- ST- ZIP MIAMI FL**

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 ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 191.07(4)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/95

(305) 374-6400