PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M22275

(5)

AMERICAN SHIP AGENCIES, INC.

APPROVED AND

98 JUL 15 AMII: 14

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Principal Place			Mailing Address 5915 PONCE DE LEON BLVD.					· 4:5# 51	:- #:#:* #*#** 14#!	
SUITE #63 Miami Fl 33146-2477			SUITE #63 MIAMI FL 33146-2477				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified 10/22/1985			
2. Principal P	lace of Busin	1888	2a. Malling Address				4. FEI Number		Applied For	
21			26 5915 Ponce de Leon Blvd.			Rlvd.	65-0048503		Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$1	3.75 Additional	
22			27 Suite #63				5. Certificate of Status Desired		Fee Required	
City & Stat	le		City & State				6. Election Campaign Financing	\$	5.00 May Be	
23			28 Miami, Florida			·	Trust Fund Contribution	/	Added to Fees	
Zip		Country	Zip	L	Country USA		8. This corporation owes or has paid the current year intangible			
24		25	29 33146-2435	$[30]$ U_1) /	1	Personal Property Tax due June 30. Yes No			
1411 1		and Address of Current	Registered Agent		81	Alema	10. Name and Address of New Registers	d Agen	<u>t</u>	
MILLIKEN, WILLIAM B. 5915 PONCE DE LEON BLVD.						81 Name				
		E LEON BLVU.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
	E #63		}-							
MIAN	VII FL 8 3141	5-2411		l	83	}			1	
	:		•	ľ	84	City	F	85	Zip Code	
11. Pursuent	1 to the provis	sions of sections 607.0502 a	and 607.1508. Florida Statut	es, the abo	ye-	named corpor			a Its registered	
11. Pursuent 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										
						islered Agent signature required when reinstalling) DATE DATE				
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		ONALD T.	L DELETE	1.1 1111				ЦC	hange Addition	
NAME		NCE DE LEON BLVD.		1.2 NAN						
STREET ADDRESS	MIAMI FL	TOP DE CEOM DETP.				ADDRESS				
CITY-ST-ZIP TITLE	S			1,4 CIT		I-ZIP		<u> </u>		
NAME	TOLEDO,	ANA	DELETE	2.1 IIII					hange Addition	
STREET ADDRESS		ICE DE LEON BLVD.			3 STREET ADDRESS		40000 2599		34775	
1	MIAMI FL	102 02 62011 0210.			1			ייי לייי הורה	8884EU UU 882-011	
CITY-ST-ZIP TITLE	D		DELETE	2.4 CIT	_	-ZIP	****150.0		***150,00	
NAME	_	REGINALD M., JR.	["] DETE IF	3.2 NAA				L) (hange Addition	
STREET ADDRESS		ICE DE LEON BLVD.				ADORESS				
CITY-ST-ZIP	MIAMI FL			3.4 C/T						
TITLE	D		DELETE	4.1 THTL	_	-2.11			hange Addition	
NAME	MILLIKEN	, WILLIAM B.	(DECEIE	4.2 NAM		Ì		·	uange L Mudition	
STREET ADDRESS		ICE DE LEON BLVD.				ADDRESS				
CITY-ST-ZIP	MIAMI FL			4.4 CITY		i				
TITLE			DELETE	5.1 TITL				7	hange Addition	
NAME			[_] DET [{E	5.2 NAN				¢	INCIDENTIAL PROPERTY.	
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				5.4 CIT		1			Ì	
TITLE	\ -		DELETE	6.1 TITL			100 11	П	hange Addition	
NAME				6.2 NAN		1	\ (/) 0 1 15	ں یے	mile T Vegue	
STREET ADDRESS						ADDRESS	10 11/12			
CITY-ST-ZIP				64 CIT		l l	τ,			

14. I 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 exachment with an address.

12:16 xxxxxx 12/18/1/11/11/11/11/11 7/12/90 (205)370 1100

P.O. Box 015359

Miami, Florida 33132

Tel: (305) 374-0436

July 13, 1998

Mr. Sammy Caldwell Reinstatement Department Annual Reports Filings Division of Corporations P. O. Box 6327 Tallahassee. FL 32314

Re:

1998 Profit Corporation Annual Report

Dear Mr. Caldwell:

We are in receipt of the Florida Department of State 1998 Profit Corporation Annual Report - 2nd Notice. We never did receive the 1st Notice, which generally comes to us in January.

There is a discrepancy on our address, which may account for not receiving the form and we have made that correction on the form itself, as per your instructions. If you will check our previous records, you will also note that this fee has always been paid punctually at the beginning of the year.

Enclosed with this letter is also our \$150.00 filing fee. We appreciate your waiving the \$400.00 late fee.

Thank you for your help in this matter.

Sincerely yours,

Bessie Clavero

Enc.

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