

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90131 050 \*\*\*150.00

0219067

DOCUMENT # M22275

1. Corporation Name  
AMERICAN SHIP AGENCIES, INC.

Principal Place of Business  
5915 PONCE DE LEON BLVD.  
SUITE #63  
MIAMI FL 33146-2435

Mailing Address  
5915 PONCE DE LEON BLVD.  
SUITE #63  
MIAMI FL 33146-2435



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/22/1985

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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

Milliken, William B.

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

5915 Ponce de Leon Blvd.

83

Suite #63

84 City

Miami

FL

85 Zip Code

33146-2435

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

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

TITLE S ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 Feb, 1999

Date

(305) 374-6400

Daytime Phone #

CR2E034 (11/98)