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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000057600 (6) DOCUMENT #

INTERNATIONAL SHIP SERVICES OF FLORIDA, AGENCY D IVISION, INC.					
Principal Plac	e of Business	Mailing Address			
3212 N 40TH	i street	3212 N 40TH STREE	;T		
SUITE 4		4			
TAMPA FL 3 US	3619	TAMPA FL 33605			
00		US		 Date Incorporated or Qualified 08/02/1994 	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	01/31/1995
21		26		59-3242186	Applied For Not Applicable
Surte, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
Orty & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28		Trust Fund Contribution	Added to Fees
24	25	Zip 29	Country 30	8. This corporation has liability for	
	9. Name and Address of Curre			Florida Statutes Yes 10. Name and Address of New R	□ No
	/		81 Name /		
	lo, fbank			REGORY H. SAN	OBA
	40TH STREET			ess (P.O. Box Number is Not Acceptab 201 U.S. HIGHW	DAY 98 So.
SUITE A			83	of a.e. //ie/	211y 10 00.
TAMPA I	FL 33605		84 City #		
			" 1	KELAND	FI 85 Zip Code 2
 Pursuant to or register 	to the provisions of Sections 607.0502 ed agent, or both, in the State of Fedi	2 and 607.1508, Florida State	utes, the above named corpor	ation submits this statement for the puri of of directors. I hereby accept the appo	pase of changing its registered office
SIGNATURE	GREGORA H.	SANOBA	es by the corporation a boar	d o' directors. Thereby accept the appo	intment as registered agent. Fam
12.	pilling the Prediction page 1.19 is climinaring tall and	laheliti (tappicato)		where renistrating	DATE
TITLE	D OFFICERS AN	DIDIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
NAME	NUNEZ, LOUIS C		1 TAFLE		Change Addition
STREET ADDRESS	3212 N 40TH STREET, #4		1 2 NAME		
CITY-ST ZIP	TAMPA FL		4.0.63.06		
TITLE			13 STREET ADDRESS		
NAME		DELETE	14 CHY ST-ZIP		
I W C 412		☐ DELETE	14 CHY ST-ZIP 2 1 TITLE		Change Addition
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		☐ DELETE	14 CHY ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS		☐ Change ☐ Addition
STREET ADDRESS		☐ DELETE	1.4 CHY ST-ZIP 2.1 TITLE 2.2 NAME		
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14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 appears in Block 12 or Block 13. If changed, or on an attachment with an address.

SIGNATURE;

SIGNATURE AND PRED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR

CR2E034 (12/95)