Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90082 031 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000067084

1. Corporation Name

Principal Place of Business

MIAMI STEAMSHIP AGENCIES, CORP.

2215 NW 14TH ST. MIAMI FL 33136		2215 N.W. 14TH ST Miami FL 33125						
US	•	US			DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed 08/30/1995			
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number	Ar	pplied For	
21		26			65-0631802	N	ot Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75	Additional	
22		27			5. Certificate of Status Desired		equired	
City & State	e — — — — — — — — — — — — — — — — — — —	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip ·	Country	Zip 30	Country		This corporation owes the current year In Personal Property Tax.	itangible ☐ Yes	D⊇No	
24 25 29 30 30 9. Name and Address of Current Registered Agent			' ' -		10. Name and Address of New Registered	Agent	-	
	9. Name and Address of Curre	nt Registered Agent	81	Name	To. Name and Address of New Adgress	7.gv		
DOMINGUEZ, EFRAIN			82		ddress (P.O. Box Number is Not Acceptable)			
	O N KENDALL DRIVE		L.	Street Ad	uress (1.0. box regimes) is recovered plants.			
	E 302 AI FL		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 tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	HERRERA, EVELIO		1.2 NAME				j	
STREET ADDRESS	10431 SW 20 STREET			ADDRESS				
	MIAMI FL 33165	•						
CITY-ST-ZIP TITLE	V	□ DELETE	1.4 CITY-S 2.1 TITLE	1.77		Change	☐ Addition	
	•	<u> </u>	2.2 NAME			_		
NAME	HERRERA, EMILIO							
STREET ADDRESS	12440 SW 11 TERRACE		2.3 STREE			i.	ļ	
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP		Change	Addition	
TITLE	<u>-</u> T	□ DELETE.	3.1 TITLE	e	والعوامرية لمحاف الروازي والمختبي والمحامد ليسيد	Change		
NAME	HERRERA, SERGIO		3.2 NAME				ţ	
STREET ADDRESS	10431 SW 20 STREET		3.3 STREE	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33184		3.4. CITY-5	T-ZIP			- A J ##	
TITLE		☐ DELÉTÉ	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME				Į	
STREET ADORESS		·	4.3 STREE				- [
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		C1Channa	☐ Addition	
TITLE	· ·	☐ DELETE	5.1 TITLE			Change	☐ Addition \	
NAME			5.2 NAME			•	J	
STREET ADDRESS			5.3 STREE	T ADDRESS	•		į	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME				ļ	
STREET ADDRESS		•	6.3 STREE	T ADDRESS			1	

SIGNATURE:

14. I hereby certify that the information supplied with this fill g indicated on this annual report or supplemental annual report or supplemental annual report or director of the corporation or the receiver of the Block 12 or Block (13 if changed or or an attachment of the corporation of the receiver of the block 12 or Block (13 if changed or or an attachment of the corporation of the corpo

CITY-ST-ZIP

REQUEDEUS HernerA

6.4 CITY-ST-ZIP

on the property of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in