

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V19004** (3)

1. Corporation Name

**AMERICA OCEAN CARRIERS, INC.**



Principal Place of Business

**1800 ELLER DRIVE  
SUITE 410  
FT LAUDERDALE FL 33316  
US**

Mailing Address

**PO BOX 165103  
FT LAUDERDALE FL 33316-5103  
US**

3. Date Incorporated or Qualified  
**03/04/1992**

3a. Date of Last Report  
**06/28/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERRER, STEVE  
1500 MAJMI CENTER  
201 S. BISCAYNE BLVD  
MIAMI FL 33131**

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 title Registered Agent signature is required when filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME **P MARCANO, ELIO** ☐ DELETE  
STREET ADDRESS **1800 ELLER DRIVE PO BOX 165103**  
CITY - ST - ZIP **FT LAUDERDALE FL**

TITLE  
NAME **VP POLICAITRO, ANTONIO** ☐ DELETE  
STREET ADDRESS **1800 ELLER DR PO BOX 165103**  
CITY - ST - ZIP **FT LAUDERDALE FL**

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing 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 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

**ANTONIO POLICAITRO**

**4-29-96**

**(954) 745 3697**

Date

Daytime Phone

CR2E034 (12/95)