

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 JUL 11 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V22491** (7)
1. Corporation Name
SHIPS MACHINERY INTERNATIONAL, INC.

Principal Place of Business Mailing Address
~~W-KO JACOBS~~ ~~W-KO JACOBS~~
1 BISCAYNE TOWER, 2 S. BISCAYNE BLVD. **1 BISCAYNE TOWER 2 S. BISCAYNE BLVD.**
~~MIAMI FL 33131~~ ~~MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/18/1992** 3a. Date of Last Report **03/03/1994**

2. Principal Place of Business 2a. Mailing Address
21 **8375 NW 56 ST** 26 **8375 NW 56 ST**

4. FEI Number **65-0347162** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 **MIAMI FL** 28 **MIAMI FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 **33166** 25 **33166** 29 **33166** 30 **33166**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
JACOBS, KAI
1 BISCAYNE TOWER, SUITE 3250
2 S. BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	KRAUTKEMER, FRANZ D
STREET ADDRESS	8375 NW 56 ST.
CITY- ST- ZIP	MIAMI FL
TITLE	EVP
NAME	JACOBS, PETER
STREET ADDRESS	11455 SW 93 AVE.
CITY- ST- ZIP	MIAMI FL
TITLE	CP
NAME	WELCH, RICHARD P
STREET ADDRESS	9260 SW 185 TERR.
CITY- ST- ZIP	MIAMI FL
TITLE	ST
NAME	EMILIO, P. L
STREET ADDRESS	11320 SW 110 AVE.
CITY- ST- ZIP	MIAMI FL
TITLE	AS
NAME	COSTANZO, SARINO R
STREET ADDRESS	330 N. BISCAYNE BLVD.
CITY- ST- ZIP	MIAMI FL
TITLE	T
NAME	BARR, DANIEL A
STREET ADDRESS	499 NW 70 AVE., SUITE 105
CITY- ST- ZIP	PLANTATION FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

DELETE

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 supplement to 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 acceptor or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13, Change, or on an attachment with an address.

SIGNATURE: _____ DATE: **6/7/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR