

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V22491 (7)**

1. Corporation Name

**SHIPS MACHINERY INTERNATIONAL, INC.**



Principal Place of Business: **8375 NW 56 STREET, 1 BISCAYNE TOWER, 2 S. BISCAYNE BLVD., MIAMI FL 33166 US**  
Mailing Address: **8375 NW 56 STREET, 1 BISCAYNE TOWER, 2 S. BISCAYNE BLVD., MIAMI FL 33166 US**

3. Date Incorporated or Qualified: **03/18/1992**  
3a. Date of Last Report: **07/11/1995**  
4. FEI Number: **65-0347162**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-26) fields with sub-fields for Suite, City & State, Zip, and Country.

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 (81-84) fields: Name, Street Address, City, State (FL), 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: KRAUTKEMER, FRANZ D	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8375 NW 56 ST.	CITY-STATE-ZIP: MIAMI FL	12 NAME:	
TITLE: EVP	NAME: JACOBS, PETER	13 STREET ADDRESS:	
STREET ADDRESS: 11455 SW 93 AVE.	CITY-STATE-ZIP: MIAMI FL	14 CITY-STATE-ZIP:	
TITLE: CP	NAME: WELCH, RICHARD P	21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 9260 SW 185 TERR.	CITY-STATE-ZIP: MIAMI FL	22 NAME:	
TITLE: ST	NAME: [REDACTED]	23 STREET ADDRESS:	
STREET ADDRESS: 11320 SW 110 AVE.	CITY-STATE-ZIP: MIAMI FL	24 CITY-STATE-ZIP:	
TITLE: T	NAME: BARR, DANIEL A	31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 499 NW 70 AVE., SUITE 105	CITY-STATE-ZIP: PLANTATION FL	32 NAME:	
TITLE:	NAME:	33 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	34 CITY-STATE-ZIP:	
TITLE:	NAME:	41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	42 NAME:	
TITLE:	NAME:	43 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	44 CITY-STATE-ZIP:	
TITLE:	NAME:	51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	52 NAME:	
TITLE:	NAME:	53 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	54 CITY-STATE-ZIP:	
TITLE:	NAME:	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	62 NAME:	
TITLE:	NAME:	63 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	64 CITY-STATE-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: *Peter Jacobs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **PETER JACOBS**  
DATE: **1/31/96**  
DAYTIME PHONE #: **305-592-7350**

CR2E034 (12/95)

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