

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V56887** (5)

1. Corporation Name

**M.C.S.N.P. INC. (MARINE CARGO SERVICES NO PROBLE  
MA)**

Principal Place of Business

**9111 E HARBOR DR  
SUITE 5-E  
BAY HARBOR FL 33154**

Mailing Address

**9111 E HARBOR DR  
SUITE 5-E  
BAY HARBOR FL 33154**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/06/1992**

3a. Date of Last Report  
**04/18/1994**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**65-0369424**

Applied For

Not Applicable

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. 190.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**CAMACHO, MARY I.  
9111 E BAY HARBOR DR  
SUITE 5-E  
BAY HARBOR ISLANDS FL 33154**

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

*Mary I. Camacho*

(NOTE: Registered Agent signature required when installing)

*3/18/95*

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DP  
PEREZ, NOEL P.  
9111 E BAY HARBOR DR 5-E  
BAY HARBOR ISLAND FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DV  
PEREZ, MELISSA M.  
5674 W 17TH LN  
HIALEAH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DTS  
CAMACHO, MARY I.  
9111 E BAY HARBOR DR 5-E  
BAY HARBOR ISLAND FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(a), 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

*Mary I. Camacho*

*3/18/95* *305* *x865-2572*

(SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

FILE

(KEYWORD NUMBER)