

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

**FILED**  
**Apr 23 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G67735 (2)**  
 1. Corporation Name  
**OCEAN CONTAINER INC.**



Principal Place of Business <b>% GEORGE E. PATTERSON, JR.          7570 N.W. 14TH STREET          MIAMI FL 33126</b>	Mailing Address <b>% GEORGE E. PATTERSON, JR.          7570 N.W. 14TH STREET          MIAMI FL 33126-1702</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26	<b>P.O. Box 141736</b>	<b>10/31/1983</b>	<b>01/31/1996</b>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4. FCI Number	Applied For
23	City & State	28	City & State	<b>59-2340142</b>	Not Applicable
24	Zip	29	Zip	5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
	Country	30	Country	<input type="checkbox"/>	
			<b>CORAL GABLES FL</b>	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
			<b>33114</b>	<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PATTERSON, GEORGE E., JR.                  7570 N.W. 14TH STREET                  MIAMI FL 33126</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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, if not applicable, (BOI) Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>MANSUR, LUIS E.</b>			1.2 NAME			
STREET ADDRESS	<b>BACHSTRAAT 5, ORANJESTAD</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NETHERLAND ANTILLES</b>			1.4 CITY-ST-ZIP			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>TRAVESO, JOSE R., JR.</b>			2.2 NAME			
STREET ADDRESS	<b>10104 S.W. 20 ST.</b>			2.3 STREET ADDRESS			<b>3155 PONCE DE LEON BLVD</b>
CITY-ST-ZIP	<b>MIAMI FL</b>			2.4 CITY-ST-ZIP			<b>CORAL GABLES, FL 33114</b>
TITLE	<b>S</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>PATTERSON, GEORGE E. (ES</b>			3.2 NAME			
STREET ADDRESS	<b>8285 S.W. 54TH AVE.</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jose R. Travieso Jr* **JOSE R. TRAVIESO JR** **4.17.97 3054419966**

CR2E034 (9/96)