2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070094

Entity Name: FLORIDA INTERNATIONAL TERMINAL, LLC

Current Principal Place of Business:

3800 MCINTOSH RD PORT EVERGLADES. FL 33316

Current Mailing Address:

3800 MCINTOSH ROAD PORT EVERGLADES. FL 33316 US

FEI Number: 20-2737471

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI 200 SOUTH BISCAYNE BOULEVARD **SUITE 4100** MIAMI, FL 33131 US

FILED Apr 20, 2016 Secretary of State CC5648559367

Date

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Address

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

3800 MCINTOSH RD City-State-Zip: PORT EVERGLADES FL 33316

Title	CHAIRMAN	Title	DIRECTOR		
Name	DIAZ, YURIK	Name	VALDES, MACARIO		
Address	3800 MCINTOSH ROAD	Address	3800 MCINTOSH ROAD		
City-State-Zip:	PORT EVERGLADES FL 33316	City-State-Zip:	PORT EVERGLADES FL 33316		
Title	VP	Title	CFO		
Name	STADTHAGEN, KLAUS	Name	PINOCHET, LUIS		
Address	3800 MCINTOSH ROAD	Address	3800 MCINTOSH ROAD		
City-State-Zip:	PORT EVERGLADES FL 33316	City-State-Zip:	PORT EVERGLADES FL 33316		
Title	DIRECTOR	Title	DIRECTOR		
Name	MONTALBETTI, FRANCO	Name	MANCILLA, LUIS		
Address	3800 MCINTOSH ROAD	Address	3800 MCINTOSH ROAD		
City-State-Zip:	PORT EVERGLADES FL 33316	City-State-Zip:	PORT EVERGLADES FL 33316		
Title	DIRECTOR				
Name	JOANNON, FELIPE				

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LUIS A PINOCHET	CFO	04/20/2016
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Electronic Signature of Signing Authorized Person(s) Detail