FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 26 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **214466** **(5)**

1. Corporation Name
SOUTHERN STEVEDORING CO., INC.

Principal Place of Business	Mailing Address
800 DOUGLAS ENTRANCE - NORTH TOWER P. O. BOX 149222 CORAL GABLES FL 33134-6222	800 DOUGLAS ENTRANCE - NORTH TOWER P. O. BOX 149222 CORAL GABLES FL 33134-6222

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/08/1958
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-0837287 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JORDAN, BRUCE A 800 DOUGLAS ENTRANCE CORAL GABLES 33134	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ASAT	1.1 TITLE	D ☐ Change ☒ Addition
NAME	CHU, TIMOTHY L	1.2 NAME	Matos, Ramon A.
STREET ADDRESS	800 DOUGLAS ENTRANCE	1.3 STREET ADDRESS	800 Douglas Entrance
CITY-ST-ZIP	CORAL CABLES FL	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	AS	2.1 TITLE	V/S ☒ Change ☐ Addition
NAME	JORDAN, BRUCE A	2.2 NAME	Jordan, Bruce A.
STREET ADDRESS	800 DOUGLAS ENTRANCE	2.3 STREET ADDRESS	800 Douglas Entrance
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	P	3.1 TITLE	D ☐ Change ☒ Addition
NAME	DAWSON, JAMES	3.2 NAME	Sanchez, Abelardo J.
STREET ADDRESS	DOCK 1, BERTH 3	3.3 STREET ADDRESS	800 Douglas Entrance
CITY-ST-ZIP	PORT HUENEME CA	3.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	EVP	4.1 TITLE	D/V ☐ Change ☒ Addition
NAME	~~COOPER, JR D B~~ delete	4.2 NAME	Inserra, John F.
STREET ADDRESS	800 DOUGLAS ENTRANCE	4.3 STREET ADDRESS	800 Douglas Entrance
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	C	5.1 TITLE	☐ Change ☐ Addition
NAME	BOFILL, MARIA	5.2 NAME	
STREET ADDRESS	800 DOUGLAS ENT N TWR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	
TITLE	CFOS	6.1 TITLE	☐ Change ☐ Addition
NAME	~~COOPER, JR D B~~ delete	6.2 NAME	
STREET ADDRESS	800 DOUGLAS ENTRANCE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-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)(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: Bruce A. Jordan 1/13/95 305-520-8400
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0208816 CP