

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

21 800 Douglas Entrance

Suite, Apt. #, etc.

22 North Tower

City & State

23 Coral Gables, Florida

Zip

24 33134

Country

2a. Mailing Address

26 P.O. Box 149222

Suite, Apt. #, etc.

27 -----

City & State

28 Coral Gables, Florida

Zip

29 33114-9222

Country

30

3. Date Incorporated or Qualified

08/08/1958

3a. Date of Last Report

01/26/1995

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

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME MATOS, RAMON A
STREET ADDRESS 800 DPG:AS ENTRANCE
CITY - ST - ZIP CORAL GABLES FL

TITLE VS ☐ DELETE

NAME JORDAN, BRUCE A
STREET ADDRESS 800 DOUGLAS ENTRANCE
CITY - ST - ZIP CORAL GABLES FL

TITLE D ☐ DELETE

NAME SANCHEZ, ABELARDO J
STREET ADDRESS 800 DOUGLAS ENTRANCE
CITY - ST - ZIP CORAL GABLES FL

TITLE DV ☐ DELETE

NAME INSERRA, JOHN F
STREET ADDRESS 800 DOUGLAS ENTRANCE
CITY - ST - ZIP CORAL GABLES FL

TITLE C ☐ DELETE

NAME BOFILL, MARIA
STREET ADDRESS 800 DOUGLAS ENT N TWR
CITY - ST - ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Matos, Ramon A.
1.3 STREET ADDRESS 800 Douglas Entrance
1.4 CITY - ST - ZIP Coral Gables, FL 33134

2.1 TITLE VSD ☒ Change ☐ Addition

2.2 NAME Jordan, Bruce A.
2.3 STREET ADDRESS 800 Douglas Entrance
2.4 CITY - ST - ZIP Coral Gables, FL 33134

3.1 TITLE P ☐ Change ☒ Addition

3.2 NAME Dawson, James
3.3 STREET ADDRESS Dock 1, Berth 3
3.4 CITY - ST - ZIP Port Hueneme, CA 93041

4.1 TITLE ASAT ☐ Change ☒ Addition

4.2 NAME Palmese, Daniel
4.3 STREET ADDRESS 800 Douglas Entrance
4.4 CITY - ST - ZIP Coral Gables, FL 33134

5.1 TITLE ASAT ☐ Change ☒ Addition

5.2 NAME Thompson, Peter M.
5.3 STREET ADDRESS 800 Douglas Entrance
5.4 CITY - ST - ZIP Coral Gables, FL 33134

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bruce A. Jordan

2/16/96

(305) 520-8052

Date

Daytime Phone #

CR2E034 (12/95)