

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 214466

1. Corporation Name

SOUTHERN STEVEDORING CO., INC.

Principal Place of Business

800 DOUGLAS ENTRANCE
NORTH TOWER
CORAL GABLES FL 33134
US

Mailing Address

P.O. BOX 149222
CORAL GABLES FL 33114-9222
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1958

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME EL-NAFFY, HANI
STREET ADDRESS 800 DOUGLAS ENTRANCE
CITY-ST-ZIP CORAL GABLES FL

TITLE VSD ☒ DELETE

NAME HORNBACKER, BRADLEY D.
STREET ADDRESS 800 DOUGLAS ENTRANCE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE T ☒ DELETE

NAME BOFILL, MARIA
STREET ADDRESS 800 DOUGLAS ENTRANCE
CITY-ST-ZIP CORAL GABLES FL

TITLE ASAT ☒ DELETE

NAME PALMESE, DANIEL
STREET ADDRESS 800 DOUGLAS ENTRANCE
CITY-ST-ZIP CORAL GABLES FL

TITLE ASAT ☒ DELETE

NAME THOMPSON, PETER M
STREET ADDRESS 800 DOUGLAS ENTRANCE
CITY-ST-ZIP CORAL GABLES FL

TITLE DVCF ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME Hani El-Naffy
1.3 STREET ADDRESS 800 Douglas Road, N Tower, 12th Floor
1.4 CITY-ST-ZIP Coral Gables FL 33134

2.1 TITLE DV ☐ Change ☒ Addition

2.2 NAME Sergio Mancilla Estay
2.3 STREET ADDRESS 800 Douglas Road, N Tower, 12th Floor
2.4 CITY-ST-ZIP Coral Gables FL 33134

3.1 TITLE V ☐ Change ☒ Addition

3.2 NAME Maria Bofill
3.3 STREET ADDRESS 800 Douglas Road, N Tower, 12th Floor
3.4 CITY-ST-ZIP Coral Gables FL 33134

4.1 TITLE AS ☐ Change ☒ Addition

4.2 NAME Deanna McSwain
4.3 STREET ADDRESS 800 Douglas Road, N Tower, 12th Floor
4.4 CITY-ST-ZIP Coral Gables FL 33134

5.1 TITLE T ☐ Change ☒ Addition

5.2 NAME Peter M Thompson
5.3 STREET ADDRESS 800 Douglas Road, N Tower, 12th Floor
5.4 CITY-ST-ZIP Coral Gables FL 33134

6.1 TITLE AS ☐ Change ☒ Addition

6.2 NAME Zoltan Pinter
6.3 STREET ADDRESS 800 Douglas Road, N Tower, 12 FL
6.4 CITY-ST-ZIP Coral Gables FL 33134

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

04/08/99

(305) 520-3435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)