

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000005531 (9)**

1. Corporation Name
GLOBAL REEFER CARRIERS, LTD., INC.



Principal Place of Business: **800 DOUGLAS ENTRANCE CORAL GABLES FL 33134**
Mailing Address: **800 DOUGLAS ENTRANCE CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **12/06/1993**
3a. Date of Last Report: **07/11/1995**
4. FEI Number: **65-0448283**
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

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

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **700001739367
-03/12/96--01020--013**
84 City: *****200.00** 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: P	<input checked="" type="checkbox"/> DELETE
NAME: LOPEZ, ARTURO I	
STREET ADDRESS: 800 DOUGLAS ENTRANCE CORAL GABLES FL 33134	
CITY-ST-ZIP: C	<input checked="" type="checkbox"/> DELETE
NAME: PENICHE, CARLOS C ABAL	
STREET ADDRESS: 800 DOUGLAS ENTRANCE CORAL GABLES FL 33134	
CITY-ST-ZIP: D	<input type="checkbox"/> DELETE
NAME: SEAOVIA, JOSE S.	
STREET ADDRESS: 800 DOUGLAS ENTRANCE CORAL GABLES FL	
CITY-ST-ZIP: D	<input type="checkbox"/> DELETE
NAME: QUITERREE, LUIS R.	
STREET ADDRESS: 800 DOUGLAS ENTRANCE CORAL GABLES FL	
CITY-ST-ZIP: D	<input type="checkbox"/> DELETE
NAME: MARINA, JACINTO	
STREET ADDRESS: 800 DOUGLAS ENTRANCE CORAL GABLES FL	
CITY-ST-ZIP: D	<input type="checkbox"/> DELETE
NAME: BOURS, EDUARDO R.	
STREET ADDRESS: 800 DOUGLAS ENTRANCE CORAL GABLES FL	
CITY-ST-ZIP: D	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: JUAN CARLOS HERODIO	
1.3 STREET ADDRESS: 800 DOUGLAS ENTRANCE CORAL GABLES FL 33134	
1.4 CITY-ST-ZIP: C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE: DIRECTOR	
2.2 NAME: SANCHEZ, ABELARDO	
2.3 STREET ADDRESS: 800 DOUGLAS ENTRANCE CORAL GABLES FL 33134	
2.4 CITY-ST-ZIP: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: DIRECTOR	
3.2 NAME: SEGOVIA, JOSE SERRANO	
3.3 STREET ADDRESS: 800 DOUGLAS ENTRANCE CORAL GABLES FL 33134	
3.4 CITY-ST-ZIP: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: DIRECTOR	
4.2 NAME: GUTIERREZ, LUIS R.	
4.3 STREET ADDRESS: 800 DOUGLAS ENTRANCE CORAL GABLES FL 33134	
4.4 CITY-ST-ZIP: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE: ACTING PRESIDENT AND VP	
5.2 NAME: GONZALEZ, JUAN M.	
5.3 STREET ADDRESS: 800 DOUGLAS ENTRANCE CORAL GABLES FL 33134	
5.4 CITY-ST-ZIP: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE: DIRECTOR	
6.2 NAME: BOURS, EDUARDO	
6.3 STREET ADDRESS: 800 DOUGLAS ENTRANCE CORAL GABLES FL	
6.4 CITY-ST-ZIP: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Juan M. Gonzalez** 2/2/96 520 8214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/line Phone #

CR2E034 (12/95)