

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:02

DOCUMENT # **G49725** (6)

1. Corporation Name
MANATEE STEVEDORING COMPANY, INC.

Principal Place of Business 2 ALHAMBRA PLZ STE 1200 CORAL GABLES FL 33134 US	Mailing Address PO BOX 144637 CORAL GABLES FL 33134 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/21/1983	3a. Date of Last Report 04/22/1994
4. FEI Number 59-2444296	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**LAYA, LUIS E.
2 ALHAMBRA PLZ
STE 1200
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	LAYA, LUIS E
STREET ADDRESS	2 ALHAMBRA PLZ, STE 1200
CITY - ST - ZIP	CORAL GABLES FL
TITLE	S
NAME	CASTRO, HERNANDO
STREET ADDRESS	2 ALHAMBRA PLZ, STE 1200
CITY - ST - ZIP	CORAL GABLES FL
TITLE	V
NAME	QUESADA, RAFAEL S
STREET ADDRESS	2 ALHAMBRA PLZ, STE 1200
CITY - ST - ZIP	CORAL GABLES FL
TITLE	V
NAME	MANGRUM, WILLIAM T
STREET ADDRESS	210 NATIONAL ST. RT. #7
CITY - ST - ZIP	PALMETTO FL 34221-6600
TITLE	AS
NAME	DIAZ, JUANA M
STREET ADDRESS	2 ALHAMBRA PLZ, STE 1200
CITY - ST - ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 included 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 checked, or on an attachment with an address.

SIGNATURE:  **Luis E. Laya** 2/16/95 (305) 441-9036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Mailing Name