

**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 # **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**

3. Date Incorporated or Qualified: **07/21/1983**  
3a. Date of Last Report: **02/22/1995**  
4. FEI Number: **59-2444296**  
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** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

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: **Miyar, Ramon**  
82 Street Address (P.O. Box Number is Not Acceptable): **Two Alhambra Plaza, Suite 1200**  
83 City: **Coral Gables, FL** 85 Zip Code: **33134**

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: *Ramon Miyar* DATE: **2/26/96**

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	LAYA, LUIS E	
STREET ADDRESS	2 ALHAMBRA PLZ, STE 1200	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CASTRO, HERNANDO	
STREET ADDRESS	2 ALHAMBRA PLZ, STE 1200	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	QUESADA, RAFAEL S	
STREET ADDRESS	2 ALHAMBRA PLZ, STE 1200	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MANGRUM, WILLIAM T	
STREET ADDRESS	210 NATIONAL ST. RT. #7	
CITY-STATE-ZIP	PALMETTO FL 34221-6600	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DIAZ, JUANA M	
STREET ADDRESS	2 ALHAMBRA PLZ, STE 1200	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	VP/S
15. STREET ADDRESS	Hernandez, Juana M.
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
18. NAME	D/P/T/CEO
19. STREET ADDRESS	Miyar, Ramon
20. CITY-STATE-ZIP	2 Alhambra Plaza, Suite 1200 Coral Gables, Florida 33134

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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: *Ramon Miyar* Ramon Miyar 2/26/96 (305) 441-9036  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)