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Feb 06 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33114-4637
US**

3. Date Incorporated or Qualified **07/21/1983** 3a. Date of Last Report **03/08/1996**

2. Principal Place of Business
21 2655 LeJeune Road

2a. Mailing Address

4. FEI Number **59-2444296** Applied For
Not Applicable

Suite, Apt. #, etc.
22 Suite 1015

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

City & State
23 Coral Gables, Florida

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip Country
24 33134 25 U.S.A.

Zip Country
29 30

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

**MIYAR, RAMON
2 ALHAMBRA PLZ
STE 1200
CORAL GABLES FL 33134**

81 Name **Ramon Miyar**
82 Street Address (P.O. Box Number is Not Acceptable)
2655 LeJeune Road
83 **Suite #1015**
84 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP/S	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, JUANA M	
STREET ADDRESS	2 ALHAMBRA PLZ, STE 1200	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	MIYAR, RAMON	
STREET ADDRESS	2 ALHAMBRA PLZ, STE 1200	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2655 LeJeune Road, Suite #1015
1.4 CITY-ST-ZIP	Coral Gables, Florida 33134
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2655 LeJeune Road, Suite #1015
2.4 CITY-ST-ZIP	Coral Gables, Florida 33134
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 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.

SIGNATURE:

Ramon Miyar

Ramon Miyar, PRESIDENT

1/31/97

305-441-9036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)