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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

Country

9. Name and Address of Current Registered Agent

25

PATTERSON, GEORGE E., JR. 7570 N.W. 14TH STREET

MIAMI FL 33126

Mailing Address

P.O. BOX 141736

US

CORAL GABLES FL 33114

Suite, Apt. #, etc

City & State

OCEAN CONTAINER INC.

Principal Place of Business % GEORGE E. PATTERSON, JR.

7570 N.W. 14TH STREET

Suite, Apt. #, etc.

City & State

23

24

Zip

2. Principal Place of Business

MIAMI FL 33126

FILED
Jan 22 1998 8:00am
Secretary of State



Street Address (P.O. Box Number is Not Acceptable)

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 chango was authorized by the corporation's board of directors. I hereby accept the appointment as registered

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B1

B2

83 84 City

agent. I a	m tamiliar with, and accept the obligations of,	Section 607.0505, Flo	orida Statutes.		5
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NOTI	Registered Agent signature requ	juired when reinstaling) (DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	Ď	DELETE	1.1 TITLE	☐ Change	Addition
NAME	MANSUR, LUIS E.		1.2 NAME		
STREET ADDRESS	BACHSTRAAT 5, ORANJESTAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	NETHERLAND ANTILLES		1.4 CITY - ST - ZIP		
TITLE	P	DELETE	2 1 TITLE	☐ Change	Addition
NAME	TRAVIESO, JOSE R., JR.		2.2 NAME		
STREET ADDRESS	3155 PONCE DE LEON BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		2. 4 CITY - ST - ZIP	·	
TITLE	S	☐ DELETË	3.1 TITLE	☐ Change	Addition
NAME	Patterson, George E. (ES		3.2 NAME		
STREET ADDRESS	8285 S.W. 54TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY - ST - ZIP		
TITLE		DELETÉ	4.1 TITLE	☐ Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CHTY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE	☐ Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
- 1					

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.

Zip Code