

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G67735

1. Corporation Name
OCEAN CONTAINER INC.

Principal Place of Business
% GEORGE E. PATTERSON, JR.
7570 N.W. 14TH STREET
MIAMI FL 33126

Mailing Address
PO BOX 141736
~~7570 N.W. 14TH STREET~~
CORAL GABLES FL 33134
US

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90160 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1983

4. FEI Number

59-2340142

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

PATTERSON, GEORGE E., JR.
7570 N.W. 14TH STREET
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name JOSE R. TRAVIESO, JR.

82 Street Address (P.O. Box Number is Not Acceptable)
3155 PONCE DE LEON BLVD.

83

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JOSE R. TRAVIESO, JR. P/S 2.9.99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MANSUR, LUIS E.
STREET ADDRESS BACHSTRAAT 5, ORANJESTAD
CITY-ST-ZIP NETHERLAND ANTILLES

TITLE P ☐ DELETE
NAME TRAVIESO, JOSE R., JR.
STREET ADDRESS 3155 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

TITLE S ☒ DELETE
NAME PATTERSON, GEORGE E. (ES
STREET ADDRESS 8285 S.W. 54TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PRESIDENT / SECRETARY ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSE R. TRAVIESO, JR. 2.9.99 3054419966

CR2E034 (11/98)

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