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

APPROVED AND FILED
95 MAY -1 ... 7
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J68614** **(3)**

1. Corporation Name
PORT OF MIAMI COLD STORAGE, INC.

Principal Place of Business
1470 PORT BLVD.
DODGE ISLAND
MIAMI FL 33132

Mailing Address
1470 PORT BLVD.
DODGE ISLAND
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1987
3a. Date of Last Report: 03/22/1994
4. FEI Number: 04-2998708 — 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 has ... 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

~~CAMPO, OTTO~~
~~1500 PORT BLVD.~~
~~MIAMI FL 33132~~

CT COrporation
1200 South Pines Rd.
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	RODRIGUES, JOE	12 NAME	
STREET ADDRESS	9000 W. 67TH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSIONS KS	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	BRESKY, HARRY H.	22 NAME	
STREET ADDRESS	9000 W. 67TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSION KS	24 CITY-ST-ZIP	
TITLE	EV	31 TITLE	☐ Change ☐ Addition
NAME	ROMERO, RAUL	32 NAME	
STREET ADDRESS	9000 W. 50TH COURT	33 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSION KS	34 CITY-ST-ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	~~BECHTOLD, JESSE~~ Becker, David	42 NAME	
STREET ADDRESS	9000 W. 67TH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSION KS	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: [signature] 4/28/95 (305)530-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0133690 CP