FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

1. Corporation Name

PORT OF MIAMI COLD STORAGE, INC.

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

3. Date Incorporated or Qualified: **04/21/1987**
3a. Date of Last Report: **05/01/1995**

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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) | Country (25) | Zip (29) | Country (30)

9. Name and Address of Current Registered Agent

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 607.0202 and 607.1502, 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

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	RODRIGUES, JOE	
STREET ADDRESS	9000 W. 67TH ST.	
CITY-ST-ZIP	SHAWNEE MISSIONS KS	
TITLE	T	☐ DELETE
NAME	BRESKY, HARRY H.	
STREET ADDRESS	9000 W. 67TH STREET	
CITY-ST-ZIP	SHAWNEE MISSION KS	
TITLE	EV	☐ DELETE
NAME	ROMERO, RAUL	
STREET ADDRESS	9000 W. 50TH COURT	
CITY-ST-ZIP	SHAWNEE MISSION KS	
TITLE	AS	☐ DELETE
NAME	BECKER, DAVID	
STREET ADDRESS	9000 W. 67TH ST.	
CITY-ST-ZIP	SHAWNEE MISSION KS	
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 TITLE	Vice President	☐ Change ☒ Addition
1 2 NAME	Rick J. Hoffman	
1 3 STREET ADDRESS	9000 W. 67th Street	
1 4 CITY-ST-ZIP	Shawnee Mission, KS 66202	
2 TITLE	Vice President	☐ Change ☒ Addition
2 2 NAME	Jack S. Miller	
2 3 STREET ADDRESS	9000 W. 67th Street	
2 4 CITY-ST-ZIP	Shawnee Mission, KS 66202	
3 TITLE	Secretary	☐ Change ☒ Addition
3 2 NAME	Marshall L. Tutun, Esq.	
3 3 STREET ADDRESS	One Post Office Square	
3 4 CITY-ST-ZIP	Boston, MA 02109	
4 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and accurate. 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, 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: David M. Becker David M. Becker, Asst. Sec. 3/ /96 (913) 676-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (DAYTIME PHONE #)