

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

FILED

Feb 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 33132-2000**

3. Date Incorporated or Qualified **04/21/1987** 3a. Date of Last Report **04/03/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>04-2998708</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	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 <b>FL</b> 85 Zip Code

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUES, JOE</b>	1.2 NAME	
STREET ADDRESS	<b>9000 W. 67TH ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SHAWNEE MISSIONS KS</b>	1.4 CITY - ST - ZIP	
TITLE	<b>T</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRESKY, HARRY H.</b>	2.2 NAME	
STREET ADDRESS	<b>9000 W. 67TH STREET</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SHAWNEE MISSION KS</b>	2.4 CITY - ST - ZIP	
TITLE	<b>EV</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROMERO, RAUL</b>	3.2 NAME	
STREET ADDRESS	<b>9000 W. 50TH COURT</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SHAWNEE MISSION KS</b>	3.4 CITY - ST - ZIP	
TITLE	<b>AS</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECKER, DAVID</b>	4.2 NAME	
STREET ADDRESS	<b>9000 W. 67TH ST.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SHAWNEE MISSION KS</b>	4.4 CITY - ST - ZIP	
TITLE	<b>VP</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOFFMAN, RICK J</b>	5.2 NAME	
STREET ADDRESS	<b>9000W 67TH ST</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SHAWNEE MISSION KS</b>	5.4 CITY - ST - ZIP	
TITLE	<b>VP</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, JACK S</b>	6.2 NAME	
STREET ADDRESS	<b>9000W 67TH ST</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SHAWNEE MISSION KS</b>	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; 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]*

CR2E034 (9/96)