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FILED

May 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1987

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Same

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 Numbers Not Acceptable)

83

84 City

FL

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

TITLE NAME ☐ DELETE

NAME RODRIGUES, JOE  
STREET ADDRESS 9000 W. 67TH ST.  
CITY-ST-ZIP SHAWNEE MISSIONS KS

TITLE NAME ☐ DELETE

NAME BRESKY, HARRY H.  
STREET ADDRESS 9000 W. 67TH STREET  
CITY-ST-ZIP SHAWNEE MISSION KS

TITLE NAME ☐ DELETE

NAME ROMERO, RAUL  
STREET ADDRESS 9000 W. 50TH COURT  
CITY-ST-ZIP SHAWNEE MISSION KS

TITLE NAME ☐ DELETE

NAME BECKER, DAVID  
STREET ADDRESS 9000 W. 67TH ST.  
CITY-ST-ZIP SHAWNEE MISSION KS

TITLE NAME ☐ DELETE

NAME HOFFMAN, RICK J  
STREET ADDRESS 9000W 67TH ST  
CITY-ST-ZIP SHAWNEE MISSION KS

TITLE NAME ☐ DELETE

NAME MILLER, JACK S  
STREET ADDRESS 9000W 67TH ST  
CITY-ST-ZIP SHAWNEE MISSION KS

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 ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

200 BOYLSTON ST.  
CHESTNUT HILL, MASS 02167

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.

SIGNATURE RAUL ROMERO

CR2E034 (10/97)