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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # J68614

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION
1200 SOUTH PINES RD
PLANTATION FL 33324

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 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 P ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE T ☐ DELETE

NAME BRESKY, HARRY H.
STREET ADDRESS 200 BOYLSTON ST
CITY-ST-ZIP CHESTNUT HILL-MA 02187

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE EV ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE AS ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE VP ☒ DELETE

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

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE VP ☒ DELETE

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

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VICE PRESIDENT
ROBERT L. STEER
9000 WEST 67th STREET
SHAWNEE MISSION, KS 66201

SECRETARY
MARSHALL L. TUTUN
ONE POST OFFICE SQUARE
BOSTON, MA

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

Robert L. Steer - Vice President

Date

Daytime Phone #

3/30/99

(913) 676-8800