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 # **L93000** **(2)**

1. Corporation Name

FRESH CARGO HANDLING COMPANY

Principal Place of Business

2000 NW 95TH AVE
MIAMI FL 33172
US

Mailing Address

2000 NW 95TH AVE
MIAMI FL 33172
US

3. Date Incorporated or Qualified: **08/07/1990**

3a. Date of Last Report: **02/01/1995**

4. FEI Number: **65-0209105** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$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 [X] 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

SANCHEZ, CARLOS E.
~~**1650 NORTHWEST 94TH AVENUE**~~
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: CARLOS SANCHEZ
82 Street Address (P.O. Box Number is Not Acceptable): 2000 NW 95th AVENUE
83
84 City: MIAMI FL 85 Zip Code: 33172

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	SANCHEZ, CARLOS E.	
STREET ADDRESS	10600 S.W. 71ST AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	[ ] DELETE
NAME	SANCHEZ, VENTURA L.	
STREET ADDRESS	GATH Y CHAVES 2441	
CITY-ST-ZIP	SANTIAGO, CHILE	
TITLE	VD	[ ] DELETE
NAME	COLEMAN, RONALD L.	
STREET ADDRESS	5324 LANCELOT ROAD	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	STD	[ ] DELETE
NAME	ORTALE, WILLIAM P.	
STREET ADDRESS	200 4TH AVENUE NORTH	
CITY-ST-ZIP	NASHVILLE TN	
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

1.1 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	
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 do hereby certify that the information supplied with this filing, or voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached sheet with an address.

SIGNATURE: _____ 3/01/96 305-551-5666

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

CR2E034 (12/95)