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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M29771** **(6)**

1. Corporation Name

SOUTH STEVEDORING, INC.

Principal Place of Business	Mailing Address
899 S AMERICA WAY MIAMI FL 33132 US	899 S AMERICA WAY 2804 MIAMI FL 33132 US

3. Date Incorporated or Qualified: **04/01/1986**

3a. Date of Last Report: **04/18/1995**

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

4. FEI Number: **59-2657881** ☐ 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

9. Name and Address of Current Registered Agent

STINSON, LOUIS JR.
4675 PONCE DE LEON BLVD.
SUITE 305
CORAL GABLES FL 33146

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 607.0502 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	HARRINGTON, NEAL L.	12 NAME	
STREET ADDRESS	899 S AMERICA WAY	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	14 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	HARRINGTON, STEPHEN C.	22 NAME	
STREET ADDRESS	899 S AMERICA WAY	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	24 CITY-ST-ZIP	
TITLE	S ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	STINSON, LOUIS, JR.	32 NAME	
STREET ADDRESS	4675 PONCE DE LEON BLVD., SUITE 305	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	34 CITY-ST-ZIP	
TITLE	AS ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	CALERO, LUCIA	42 NAME	
STREET ADDRESS	899 S. AMERICA WAY	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is 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 attachment with an address.

SIGNATURE: X Stephen C. Harrington Vice President 1/24/96 358-5621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)