

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McPham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M29771** (6)
1. Corporation Name
SOUTH STEVEDORING, INC.

Principal Place of Business 899 S AMERICA WAY MIAMI FL 33132 US	Mailing Address 899 S AMERICA WAY 2804 MIAMI FL 33132 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/01/1986	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			

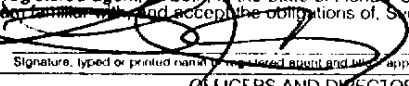
9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

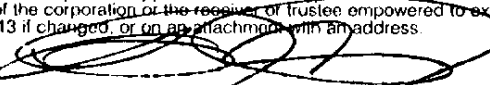
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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  A Secretary. DATE **1/21/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	
NAME	HARRINGTON, NEAL L.	1.2 NAME	
STREET ADDRESS	899 S AMERICA WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	HARRINGTON, STEPHEN C.	2.2 NAME	
STREET ADDRESS	899 S AMERICA WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	STINSON, LOUIS, JR.	3.2 NAME	
STREET ADDRESS	4675 PONCE DE LEON BLVD., SUITE 305	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	
NAME	CALERO, LUCIA	4.2 NAME	
STREET ADDRESS	899 S. AMERICA WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 

4/1/98

305-358-5621

CR2E034 (10/97)