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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET, WAS IN THE SEC. STREET, STREET



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000015915 (0)

REFRIGERATED CONTAINER MIAMI, INC.

FILED Apr 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address										
5055 NW 74T		P. O. BOX 1519								
MIAMI FL 331	66	LA PORTE TX 77572				DO NOT WIDITE	DO MOT WRITE IN THIS SPACE			
US	US				3. Date Incorporated or Qualified	DO NOT WRITE IN THIS SPACE				
						03/02/1993				
2. Principal P	lace of Business	2s. Mailing Address				4, FEI Number		1 1	pplied For	
_	NW 132 ND STLEET	26				65-0396407			lot Applicable	
Suite, Apt.		Suite, Apt. #, etc.							Additional	
22		[27]				5. Certificate of Status Desired			Required	
City & State	9	City & State				6. Election Campaign Financing		\$5.00	May Be	
23 OPA 1	LOCKA FL	28				Trust Fund Contribution			I to Fees	
Zip	Country	Zip	Cou	intry	-	8. This corporation owes or has pa	id the curren	year Ir	ntangible	
24 3305	54 [25]	29	30	_		Personal Property Tax due June			No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered Age	nt		
	rber, alan r			81	Namo					
1140 KANE CONCOURSE				82 Street Address (P.O. Box Number is Not Acceptable)						
BA'	Y HAROBR ISLANDS FL 33154									
				83						
				84	City			5 Zip	Code	
			İ		Ony		FL	مر ار	- 5546	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the al	boyc	-named	corporation submits this statement for the population's board of directors. I hereby acception	urpose of ch	anging	its registered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Fl	lorida Stat	lutes	ine corp	ioration's board of directors. Thereby accep	or me abbonin	ment as	s registered	
SIGNATURE										
	Signature typicd or printed name of registered agent. OFFICERS AND			d Ago	nt signature i	required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	OFOTO	DC IN 10	
TITLE	PD	DELETE	13. 1.1 To	TIE		ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	CUNNINGHAM, JOSEPH P	E DECENE						Onlango		
STREET ADDRESS	910 HWY. 146 NORTH			1.2 NAME 1.3 STREET ADDRESS						
CITY-ST-ZIP	LAPORTE TX 77572			1.4 CITY-ST-ZIP						
TITLE	V			2.1 TITLE				Change	Addition	
NAME	GARCIA, RICK J		2.2 N/		Ì					
STREET ADDRESS	5055 NW 74 AVE		•		ADDRESS					
CITY-ST-ZIP	MIAMI FL 33166		2.40							
TITLE	18	DELETE	3.1 TO		1-211			Change	Addition	
NAME	PATTERSON, JIMMY . W		3.2 N/							
STREET ADDRESS	910 HWY 146 NORTH				ADDRESS					
CITY-ST-ZIP	LAPORTE TX 77572		3.4. C							
TITLE		DELETE	4 1 Til		"	<u></u>		Change	Addition	
NAME			4. 2 N				_	•	_	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			4.4 CI		l					
TITLE		DELETE	5.1 TI					Change	Addition	
NAME			5.2 NA	AME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5.4 CI		l l	•			ļ	
TITLE		☐ DELETE	6.1 Til					Change	Addition	
NAME			6.2 NA	ME	Ì					
STREET ADDRESS			6.3 ST	REET .	ADDRESS				İ	
CITY-ST-ZIP			6.4 CF							
										

4. 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.

IONATURE MANNETHAM I TUR PATTE

3/25/00

401 1/20-1025