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 # **P93000047832 (9)**

1. Corporation Name

CONSOLIDATED STEVEDORING & TERMINALS, INC.

Principal Place of Business: ~~701 S.E. 24TH ST. FT. LAUDERDALE FL 33316~~

Mailing Address: ~~701 S.E. 24TH ST. FT. LAUDERDALE FL 33316~~

2. Principal Place of Business
21. 4675 Ponce de Leon Blvd
22. Suite, Apt. #, etc.: Suite 305
23. City & State: Coral Gables FLA
24. Zip: 33146 | 25. Country: Dade

2a. Mailing Address
26. 4675 Ponce de Leon Blvd
27. Suite, Apt. #, etc.: Suite 305
28. City & State: Coral Gables FLA
29. Zip: 33146 | 30. Country: Dade

3. Date Incorporated or Qualified: 07/07/1993
3a. Date of Last Report: 08/18/1995
4. FEI Number: 65-0421093 — ☐ 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 ESQ.
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 ________

12. OFFICERS AND DIRECTORS

TITLE	P	☑ DELETE
NAME	SPENCER, NORMAN	
STREET ADDRESS	701 S.E. 24TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	VD	☑ DELETE
NAME	HARRINGTON, STEPHEN C	
STREET ADDRESS	899 S. AMERICA WAY	
CITY-ST-ZIP	MIAMI FL 33101	
TITLE	VS	☐ DELETE
NAME	STINSON, LOUIS JR.	
STREET ADDRESS	4675 PONCE DE LEON BLVD., #305	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VT	☑ DELETE
NAME	FOLEY, JOHN	
STREET ADDRESS	701 S.E. 24TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	S	☑ DELETE
NAME	CALERO, LUCIA	
STREET ADDRESS	899 S. AMERICA WAY	
CITY-ST-ZIP	MIAMI FL 33101	
TITLE	D	☑ DELETE
NAME	HVIDE, HANS	
STREET ADDRESS	701 S.E. 24TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE	DVS	☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do 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: [signature] 3/19/96 305-667-1511

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

Louis Stinson Jr. Sec...

CR2E034 (12/95)