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Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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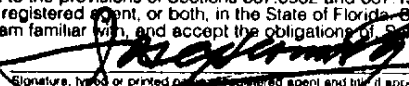
DOCUMENT # P95000034172 (3)

1. Corporation Name
JAXTAINER, INC.

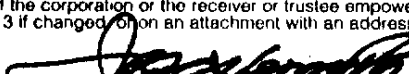


DO NOT WRITE IN THIS SPACE

Principal Place of Business 300 ROCHESTER BLDG. 8890 N.W. 53RD ST. MIAMI FL 33166		Mailing Address 300 ROCHESTER BLDG. 8890 N.W. 53RD ST. MIAMI FL 33166	
2. Principal Place of Business 21 5601 N.W. 72nd. Avenue Suite, Apt. #, etc. 22 - - - - -	2a. Mailing Address 26 5601 N.W. 72nd. Avenue Suite, Apt. #, etc. 27 - - - - -	3. Date Incorporated or Qualified 05/02/1995	4. FEI Number 59-3331484 Applied For Not Applicable
23 City & State MIAMI, FLORIDA 24 Zip 33166 25 Country Miami-Dade	28 City & State MIAMI, FLORIDA 29 Zip 33166 30 Country Miami-Dade	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent AUSTIN, RICHARD B. / 300 ROCHESTER BLDG. 8890 N.W. 53RD ST. MIAMI FL 33166 / ** RESIGNED 4/1/98		10. Name and Address of New Registered Agent 81 Name JOSE A. HERMIDA 82 Street Address (P.O. Box Number is Not Acceptable) 5601 N.W. 72nd. Avenue 83 - - - - - 84 City MIAMI FL 85 Zip Code 33166	

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:  Jose A. Hermida	DATE: 4/02/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD HERMIDA, JOSE A 5601 N.W. 72ND AVENUE MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Jose A. Hermida		4/02/98 (305)884-2211	

CR2E034 (10/97)