

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

FILED  
Apr 25 1997 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                    |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # P95000079507 (6)

1. Corporation Name  
CONTAINER CORPORATION OF FLORIDA, INC.



|                                                                                 |                                                                          |
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| Principal Place of Business<br>100 NORTH BISCAYNE BLVD. #1707<br>MIAMI FL 33132 | Mailing Address<br>100 NORTH BISCAYNE BLVD. #1707<br>MIAMI FL 33132-2324 |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------|

|                                                                                                                                                   |  |                                                                                                                                       |  |                                                                                                                                                             |                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 2. Principal Place of Business<br>21 10063 E Colonial DR.<br>Suite, Apt. #, etc.<br>22 City & State<br>23 ORLANDO, FL.<br>24 Zip 32817 25 Country |  | 2a. Mailing Address<br>26 10063 E Colonial DR.<br>Suite, Apt. #, etc.<br>27 City & State<br>28 ORLANDO FL.<br>29 Zip 32817 30 Country |  | 3. Date Incorporated or Qualified<br>10/23/1995                                                                                                             | 3a. Date of Last Report<br>03/25/1996 |
|                                                                                                                                                   |  |                                                                                                                                       |  | 4. FEI Number<br>59-3369686<br>APPLIED FOR                                                                                                                  | Applied For<br>Not Applicable         |
|                                                                                                                                                   |  |                                                                                                                                       |  | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   | \$8.75 Additional Fee Required        |
|                                                                                                                                                   |  |                                                                                                                                       |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | \$5.00 May Be Added to Fees           |
|                                                                                                                                                   |  |                                                                                                                                       |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                                                                                                        |  |                                                                                                                                                                                                     |  |
|------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br>BERGER, DAVID S<br>100 NORTH BISCAYNE BLVD. #1707<br>MIAMI FL 33132 |  | 10. Name and Address of New Registered Agent<br>81 Name BENAMY KLEIN<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>10063 E Colonial DR.<br>83<br>84 City ORLANDO FL 85 Zip Code 32817 |  |
|------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

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 02-19-97  
(NOTE: Registered Agent signature required when reappointing)

|                                                |                                                                                                 |                                                                |                                                                      |
|------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                     |                                                                                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>KLEIN, BENAMY<br>AV NIEMEYER 750 APTD 1202 SAO CONRADO CEP<br>22450221 RIO DE JANEIRO-RJ | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | PRESIDENT<br>BENAMY KLEIN<br>2768 RUNYON CIRCLE<br>ORLANDO, FL 32837 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                 | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                 | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                 | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                 | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                 | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 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.

CR2E034 (9/96)

02-19-97 (142) 222-1120