

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

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000076735 (5)

1. Corporation Name
MR. CONTAINER, INC.



Principal Place of Business
2000 SOUTH BAYSHORE DRIVE, SUITE 58
MIAMI FL 33133-3252

Mailing Address
2000 SOUTH BAYSHORE DRIVE, SUITE 58
MIAMI FL 33133-3252

3. Date Incorporated or Qualified
09/12/1996

3a. Date of Last Report

4. FEI Number
65-0695492

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SAATI, GEORGES S	1.2 NAME	
STREET ADDRESS	2000 SOUTH BAYSHORE DRIVE, SUITE 58	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33133-3252	1.4 CITY- ST- ZIP	
TITLE	S	2.1 TITLE	
NAME	SAATI, MARIA C	2.2 NAME	
STREET ADDRESS	2000 SOUTH BAYSHORE DRIVE, SUITE 58	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33133-3252	2.4 CITY- ST- ZIP	
TITLE	T	3.1 TITLE	
NAME	CORBETT, MAUREEN	3.2 NAME	
STREET ADDRESS	2000 SOUTH BAYSHORE DRIVE, SUITE 58	3.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33133-3252	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		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 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; 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 or both, or on an attachment with an address.

SIGNATURE: MAUREEN M. CORBETT 1/16/97 (305) 858-9798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)