PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000056371

Corporation Name

U.S. CONTAINER LINE, INC.

Principal Place of Business

Mailing Address

May 05, 1999 8:00 am Secretary of State

05-05-1999 90146 020 ***158.75



1 morpar mos	C 01 24511.000	g					
1418 N.W. 82ND AVENUE MIAMI FL 33126		1418 N.W. 82ND AVENUE					
		MIAMI FL 33126			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					· ·		
					06/22/1998	 	
	lace of Business	2a. Mailing Address			4. FEI Number 65-0844856		plied For
21		26			65-0047836		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27				Fee Re	<u>-</u>
City & State	e	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	у	8. This corporation owes the current year Intangible		
24	25		30		Personal Property Tax.	Yes	No
	9. Name and Address of Currer	nt Registered Agent		,	10. Name and Address of New Registered	I Agent	
l			81	Name			ļ
PEREZ, DUNNEY CESAR				Street Addr	ess (P.O. Box Number is Not Acceptable)		
1418	3 N.W. 82ND AVENUE		-				
MIAN	VI FL 33126		83	3			
				<u> </u>		05 7:- (
			84	City	FI	85 Zip C	>ode
14 Dureught	to the provisions of Sections 607.050	2 and 607 1508 Florida Statute	s. the abov	e-named corp	asstice submits this statement for the purpose of	of changing its	registered
office or n	egistered agent, or both, in the State	of Florida. Such change was au	thorized by	the corporation	on's board of directors. I hereby accept the appoint	ointment as re	gistered
agent. I a	m familiar with, and accept the obliga				11 0	- 90	
SIGNATURE	7)6/1		ray C.	PEREZ ent signature requires	7-2	7-99	}
10		ent and title if applicable. (NOTE:	13.	ent signature require	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
12.		DELETE	1.1 TITLE		ADDITIONS/CHANGES TO CITICENS A	Change	Addition
TITLE	D DODGE DUBLIEV OFFIE						
NAME	PEREZ, DUNNEY CESAR		1.2 NAME				1
STREET ADDRESS	751 N.W. 134TH AVENUE		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33182		1.4 CITY-5	ST-ZIP			
TITLE	D	DELETE	2.1 TITLE			Change	☐ Addition
NAME	VANDERHOFF, JOHN M		2.2 NAME				}
STREET ADDRESS	1285 SMITHDALE ROAD		2.3 STREE	ET ADDRESS			1
CITY-ST-ZIP	CUMMING GA 30040						
TITLE			2. 4 CITY-				
NAME	D	☐ DELETE	2. 4 CITY- 3.1 TITLE			☐ Change	Addition
STREET ADDRESS	l •	☐ DELETE	_	ST-ZIP		Change	Addition
I SILKEE I MPONEGOSI	FERNANDEZ, CELSO R	☐ DELETE	3.1 TITLE 3.2 NAME	ST-ZIP		☐ Change	Addition
	FERNANDEZ, CELSO R 1285 SMITHDALE ROAD	☐ DELETE	3.1 TITLE 3.2 NAME	ST-ZIP		☐ Change	Addition
CITY-ST-ZIP	FERNANDEZ, CELSO R 1285 SMITHDALE ROAD CUMMING GA 30040		3.1 TITLE 3.2 NAME 3.3 STREE	ST-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE	FERNANDEZ, CELSO R 1285 SMITHDALE ROAD CUMMING GA 30040 D	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE	ST-ZIP ET ADDRESS ST-ZIP			
CITY-ST-ZIP TITLE NAME	FERNANDEZ, CELSO R 1285 SMITHDALE ROAD CUMMING GA 30040 D PEREZ, JORGE EMILIO		3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4. 2 NAME	ST-ZIP ET ADDRESS ST-ZIP			
CITY-ST-ZIP TITLE NAME STREET ADDRESS	FERNANDEZ, CELSO R 1285 SMITHDALE ROAD CUMMING GA 30040 D PEREZ, JORGE EMILIO 3275 S.W. 110TH AVENUE		3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE	ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS			
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	FERNANDEZ, CELSO R 1285 SMITHDALE ROAD CUMMING GA 30040 D PEREZ, JORGE EMILIO 3275 S.W. 110TH AVENUE		3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE	ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP			
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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 of all accurate with an address, with all other like empowered.

SIGNATURE:

305-639.4795