

**PORT EVERGLADES FRANCHISE APPLICATION**

An application will not be deemed complete and ready for processing until all required documents and fees are received.

A separate application must be filed for each type of franchise applied for.

FRANCHISE TYPE

CHECK ONE

STEAMSHIP AGENT

STEVEDORE

CARGO HANDLER

TUGBOAT & TOWING

VESSEL BUNKERING

VESSEL OILY WASTE REMOVAL

VESSEL SANITARY WASTE WATER REMOVAL

MARINE TERMINAL SECURITY

MARINE TERMINAL SECURITY

FIREARMS CARRYING SECURITY PERSONNEL

NON-FIREARMS CARRYING SECURITY PERSONNEL

**Note: Applicant is the legal entity applying for the franchise. If the Applicant is granted the franchise, it will be the named franchisee. All information contained in this application shall apply only to the Applicant, and not to any parent, affiliate, or subsidiary entities.**

Applicant's

Name Farovi Shipping Corporation

(Name as it appears on the certificate of incorporation, charter, or other legal documentation as applicable, evidencing the legal formation of the Applicant)

Applicant's Business Address 2541 SW - 27th Avenue, Miami, Florida 33133

Phone # ( 305 ) 373-4765, ext. # 404 E-mail address jorovi @ farovi.com

Fax #: ( 305 ) 371-6874

Name of the person authorized to bind the Applicant (Person's signature must appear on Page 13.)

Name Jorge P. Roviroso

Title President

Business Address 2541 SW - 27th Avenue, Miami, Florida 33133

Phone # ( 305 ) 373-4765, ext. # 403 E-mail address jorovi @ farovi.com

Fax #: ( 305 ) 371-6874

Provide the Name and Contact Information of Applicant's Representative to whom questions about this application are to be directed (if different from the person authorized to bind the Applicant):

Representative's Name Same as above

Representative's Title \_\_\_\_\_

Representative's Business Address \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_ @ \_\_\_\_\_

Fax # ( ) \_\_\_\_\_

**PLEASE COMPLETE THIS APPLICATION AND LABEL ALL REQUIRED BACKUP DOCUMENTATION TO CLEARLY IDENTIFY THE SECTION OF THE APPLICATION TO WHICH THE DOCUMENTATION APPLIES (I.E., SECTION A, B, C, etc.).**

**Section A**

1. List the name(s) of Applicant's officers, including, CEO, COO, CFO, director(s), member(s), partner(s), shareholder(s), principal(s), employee(s), agents, and local representative(s) active in the management of the Applicant.

**Officers:**

Title **President**  
First Name **Jorge** Middle Name **P.**  
Last Name **Rovirosa**  
Business Street Address **2541 SW - 27th Avenue**  
City, State, Zip Code **Miami, Florida 33133**  
Phone Number **(305) 373-4765, ext. # 403/404** Fax Number **(305) 371-6874**  
Email Address **jorovi @ farovi.com**

Title **Executive Vice President**  
First Name **Frank** Middle Name **V.**  
Last Name **Rovirosa**  
Business Street Address **2541 SW - 27th Avenue**  
City, State, Zip Code **Miami, Florida 33133**  
Phone Number **(305) 373-4765, ext. # 405** Fax Number **(305) 371-6874**  
Email Address **frankv @ farovi.com**

Title **Vice President Treasurer**  
First Name **Richard** Middle Name **G.**  
Last Name **Rovirosa**  
Business Street Address **2541 SW - 27th Avenue**  
City, State, Zip Code **Miami, Florida 33133**  
Phone Number **(305) 373-4765, ext. # 406** Fax Number **(305) 371-6874**  
Email Address **richard @ farovi.com**

Title **Controller**  
First Name **Rene** Middle Name **C.**  
Last Name **Arencibia**  
Business Street Address **2541 SW - 27th Avenue**  
City, State, Zip Code **Miami, Florida 33133**  
Phone Number **(305) 373-4765, ext. # 326** Fax Number **(305) 371-6874**  
Email Address **rene @ farovi.com**

Attach additional sheets if necessary.

2. RESUMES: Provide a resume for each officer, director, member, partner, shareholder, principal, employee, agent, and local representative(s) active in the management of the Applicant, as listed above.

**See attached resumes.**

**Section B**

1. Place checkmark to describe the Applicant:  
( ) Sole Proprietorship ( **x** ) Corporation ( ) Partnership ( ) Joint Venture ( ) Limited Liability Company
2. Provide copies of the documents filed at the time the Applicant was formed including Articles of Incorporation (if a corporation); Articles of Organization (if an LLC); or Certificate of Limited Partnership or Limited Liability Limited Partnership (if a partnership). If the Applicant was not formed in the State of Florida, provide a copy of the documents demonstrating that the Applicant is authorized to conduct business in the State of Florida.

**See attached Articles of Incorporation**

**Section C**

1. Has there been any change in the ownership of the Applicant within the last five (5) years? (e.g., any transfer of interest to another party)  
Yes **x** No \_\_\_ If "Yes," please provide details in the space provided. Attach additional sheets if necessary.  
**Frank L. Rovirosa now deceased was a former 50% owner of the company who passed his shares on a 50/50 basis to his two sons, Frank V. Rovirosa and Richard G Rovirosa (see the two Stock Powers attached).**
2. Has there been any name change of the Applicant or has the Applicant operated under a different name within the last five (5) years?  
Yes \_\_\_ No **x** If "Yes," please provide details in the space provided, including: Prior name(s) and Date of name change(s) filed with the State of Florida's Division of Corporations or other applicable state agency. Attach additional sheets if necessary.

**See attached Division of Corporations document**

3. Has there been any change in the officers, directors, executives, partners, shareholders, or members of the Applicant within the past five (5) years?  
Yes **x** No \_\_\_ If "Yes," please provide details in the space provided, including:  
Prior officers, directors, executives, partners, shareholders, members  
Name(s) **Frank L. Rovirosa, President, passed away in 2015 & Rolando A. Gomez, VP Finance, retired**  
New officers, directors, executives, partners, shareholders, members  
Name(s) **Jorge P. Rovirosa, President & Rene C. Arencibia, Controller**  
Also supply documentation evidencing the changes including resolution or minutes appointing new officers, list of new principals with titles and contact information, and effective date of changes. Attach additional sheets if necessary.

**Section D**

Provide copies of all fictitious name registrations filed by the Applicant with the State of Florida's Division of Corporations or other State agencies. If none, indicate "None" **None** \_\_\_\_\_.

**Section E**

1. Has the Applicant acquired another business entity within the last five (5) years?  
Yes \_\_\_ No x If "Yes," please provide the full legal name of any business entity which the Applicant acquired during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.  
If none, indicate "None" None.

2. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the acquired firm's officers, managers, employees and/or the acquired firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.

**Not applicable**

3. Has the Applicant been acquired by another business entity within the last five (5) years?  
Yes \_\_\_ No x If "Yes," provide the full legal name of any business entity which acquired the Applicant during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.  
If none, indicate "None" None.

4. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the parent firm's officers, managers, employees and/or the parent firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.

**Not applicable**

**Section F**

Provide the Applicant's previous business history, including length of time in the same or similar business activities as planned at Port Everglades.

**See attached addendum**

**Section G**

1. Provide a list of the Applicant's current managerial employees, including supervisors, superintendents, and forepersons.

**See attached addendum**

2. List the previous work history/experience of the Applicant's current managerial employees, including their active involvement in seaports and length of time in the same or similar business activities as planned at Port Everglades.

**See attached addendum**

**FAROVI SHIPPING CORPORATION -**  
Port Everglades Franchise Application 2020 -addendum

**Section F.-**

**Provide the Applicant's previous business history including length of time in the same or similar business activities as planned at Port Everglades.**

FAROVI SHIPPING CORPORATION has been conducting business as ship's agents serving the Port of Miami since 1961, as well as Port Everglades since 1962. We have been acting both as general agents and husbandry agents for several steamship lines. Among others we have served, Fred Olsen Express LLC, (Compania Sud Americana de Vapores, S.A. (CSAV) & Mediterranean Shipping (MSC), Hapag Lloyd and Royal Caribbean Cruises, Ltd.

**Section G.-**

**1- Provide a list of the applicant's current managerial employees including supervisors, superintendents and forepersons.**

See below:

<b>Managerial Employees</b>	<b>Titles</b>
<b>Jorge P. Roviroso</b>	<b>President</b>
<b>Frank V. Roviroso</b>	<b>Executive Vice President</b>
<b>Richard G. Roviroso</b>	<b>Vice President Treasurer</b>
<b>Rene C. Arencibia</b>	<b>Controller</b>
<b>Roxana Gugliatto</b>	<b>Vessel &amp; Stevedoring Acct. Supervisor</b>
<b>Frank J. Roviroso</b>	<b>Port Operations Manager</b>

**2- List the previous work history/experience of the Applicant's current managerial employees including their active involvement in seaports and length of time in the same or similar business activities as planned at Port Everglades.**

Managerial owners and employee resumes are herewith attached, including their active involvement in seaports and length of time in this same or similar business activities.

Other managerial employee, as listed above.-

**Roxana Gugliatto:** has been working for our company as a supervisor in charge of agent and stevedoring matters since 1974, namely and among others, providing quotes, supervising Stevedoring and Terminal Charges billing, Superintendents and I.L.A. Payroll, Union Reports, Workmen Compensation matters, claims and collections.

**Frank J. Roviroso:** has been working for our company from 2007, as a Stevedoring Superintendent, afterwards up to the present, as Port Operations Manager also supervising claims and safety matters. His responsibilities include the overall operation matters for cargo/passenger vessels in Port Everglades, as well as in PortMiami.

**Section H**

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. **Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).**

If none, state "None" \_\_\_\_\_.

Seaport PortMiami, Florida Number of Years Operating at this Seaport **53 years**  
(since 1962)

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant has Provided Services to this Client
Royal Caribbean Cruises, Ltd.	Ten Years

**Section H**

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" \_\_\_\_\_.

Seaport Port Everglades, Florida Number of Years Operating at this Seaport **53 years**  
(since 1962)

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant has Provided Services to this Client
Royal Caribbean Cruises, Ltd.	Ten Years

**Section I**

1. Provide a description of all past (within the last five (5) years) and pending litigation and legal claims where the Applicant is a named party, whether in the State of Florida or in another jurisdiction, involving allegations that Applicant has violated or otherwise failed to comply with environmental laws, rules, or regulations or committed a public entity crime as defined by Chapter 287, Florida Statutes, or theft-related crime such as fraud, bribery, smuggling, embezzlement or misappropriation of funds or acts of moral turpitude, meaning conduct or acts that tend to degrade persons in society or ridicule public morals.

The description must include all of the following:

- a) The case title and docket number
- b) The name and location of the court before which it is pending or was heard
- c) The identification of all parties to the litigation
- d) General nature of all claims being made

If none, indicate "None" None.

2. Indicate whether in the last five (5) years the Applicant or an officer, director, executive, partner, or a shareholder, employee or agent who is or was (during the time period in which the illegal conduct or activity took place) active in the management of the Applicant was charged, indicted, found guilty or convicted of illegal conduct or activity (with or without an adjudication of guilt) as a result of a jury verdict, nonjury trial, entry of a plea of guilty or nolo contendere where the illegal conduct or activity (1) is considered to be a public entity crime as defined by Chapter 287, Florida Statutes, as amended from time to time, or (2) is customarily considered to be a white-collar crime or theft-related crime such as fraud, smuggling, bribery, embezzlement, or misappropriation of funds, etc. or (3) results in a felony conviction where the crime is directly related to the business activities for which the franchise is sought.

Yes \_\_\_ No x

If you responded "Yes," please provide all of the following information for each indictment, charge, or conviction:

- a) A description of the case style and docket number
- b) The nature of the charge or indictment
- c) Date of the charge or indictment
- d) Location of the court before which the proceeding is pending or was heard
- e) The disposition (e.g., convicted, acquitted, dismissed, etc.)
- f) Any sentence imposed
- g) Any evidence which the County (in its discretion) may determine that the Applicant and/or person found guilty or convicted of illegal conduct or activity has conducted itself, himself or herself in a manner as to warrant the granting or renewal of the franchise.

**Section J**

The Applicant must provide a current certificate(s) of insurance. Franchise insurance requirements are determined by Broward County's Risk Management Division and are contained in the Port Everglades Tariff No. 12 as amended, revised or reissued from time to time. The Port Everglades Tariff is contained in the Broward County Administrative Code, Chapter 42, and is available for inspection on line at: <http://www.porteverglades.net/development/tariff>.

See attached, Certificate of Insurance covering Nos.: MLIB100120901, ATAAZ5DQ007, HO20LIAZ05EE501



**Section K**

1. The Applicant must provide its most recent audited or reviewed financial statements prepared in accordance with generally accepted accounting principles, or other documents and information which demonstrate the Applicant's creditworthiness, financial responsibility, and resources, which the Port will consider in evaluating the Applicant's financial responsibility.

**Financial statements are available for your review at our office or at your office, at your convenience.**

2. Has the Applicant or entity acquired by Applicant (discussed in Section E herein) sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it within the last five (5) year period?

Yes \_\_\_ No **xx**

If "Yes," please provide the following information for each bankruptcy or insolvency proceeding:

- a) Date petition was filed or relief sought
- b) Title of case and docket number
- c) Name and address of court or agency
- d) Nature of judgment or relief
- e) Date entered

3. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for the business or property of the Applicant?

Yes \_\_\_ No **xx**

If "Yes," please provide the following information for each appointment:

- a) Name of person appointed
- b) Date appointed
- c) Name and address of court
- d) Reason for appointment

4. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for any entity, business, or property acquired by the Applicant?

Yes \_\_\_ No **xx**

If "Yes," please provide the following information for each appointment:

- a) Name of person appointed
- b) Date appointed
- c) Name and address of court
- d) Reason for appointment

**Section L**

List four (4) credit references for the Applicant, one of which must be a bank. Use this format:

Name of Reference Wells Fargo Bank, N.A. Nature of Business bank  
Contact Name Jennifer A. Perez Title Assistant Vice President Relationship Manager  
Legal Business Street Address 333 S.E., 2nd Avenue, 22nd floor  
City, State, Zip Code Miami, Florida 33131  
Phone Number (305) 329-6763

(Provide on a separate sheet.)

PortMiami, 1007 North America Way, Room # 210, Miami, FL 33132 -Juan Kuryla, Director, Tel.: (305) 371-7678  
GDZ Computer Services, 18001 Old Cutler Road, Suite # 562, Miami, FL 33157 -Gaston de Zarraga, President-Tel.: (305) 256-4600  
Kelly Tractor Co., 8255 N.W., 58th Street, Miami, FL 33166 -Juan O. Alvarez, Tel.: (305) 592-5379

**Section M**

1. Security: Pursuant to Port Everglades Tariff 12, Item 960, all Franchisees are required to furnish an Indemnity and Payment Bond or Irrevocable Letter of Credit drawn on a U.S. bank in a format and an amount not less than \$20,000 as required by Broward County Port Everglades Department.

**See attached Indemnity and Payment Bond No. 69161521 Continuation Notice and its Rider changing our previous address to our present address.**

2. Has the Applicant been denied a bond or letter of credit within the past five (5) years?

Yes \_\_\_ No x

If "Yes," please provide a summary explanation in the space provided of why the Applicant was denied. Use additional sheets if necessary.

**Section N**

1. Provide a list and description of all equipment currently owned and/or leased by the Applicant and intended to be used by the Applicant for the type of service(s) intended to be performed at Port Everglades including the age, type of equipment and model number.

2. Identify the type of fuel used for each piece of equipment.

3. Indicate which equipment, if any, is to be domiciled at Port Everglades.

4. Will all equipment operators be employees of the Applicant, on the payroll of the Applicant, with wages, taxes, benefits, and insurance paid by the Applicant?

Yes \_\_\_ No \_\_\_

If "No," please explain in the space provided who will operate the equipment and pay wages, taxes, benefits, and insurance, if the franchise is granted. Use additional sheets if necessary.

**As Steamship Agents, this Section "N", comprising 1 through 4, does not apply, as we do not need equipments and/or equipment operators for our marine operations and boarding activities.**

**Section O**

Provide a copy of the Applicant's current Broward County Business Tax Receipt (formerly Occupational License).

**See attached Broward Business Tax Receipt No.: 379-234951**

**Section P**

1. Provide a copy of Applicant's safety program.
2. Provide a copy of Applicant's substance abuse policy.
3. Provide a copy of Applicant's employee job training program/policy.
4. Provide information regarding frequency of training.
5. Include equipment operator certificates, if any.

**As steamship agents, this Section comprising 1 through 5, does not apply.**

**But, need to mention that we do have a Safety Program which includes Substance Abuse Policy, as well as Employee Job Training under our stevedoring division, Florida Stevedoring Inc.**

### Section Q

1. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from any federal, state, or local environmental regulatory agencies?  
Yes \_\_\_ No x
  
2. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or civil penalties from the U.S. Coast Guard?  
Yes \_\_\_ No x
  
3. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from the Occupational Safety and Health Administration?  
Yes \_\_\_ No x

If you responded "Yes" to any of this section's questions 1, 2, or 3 above, please provide a detailed summary for each question containing the following information:

- a) Name and address of the agency issuing the citation or notice
- b) Date of the notice
- c) Nature of the violation
- d) Copies of the infraction notice(s) from the agency
- e) Disposition of case
- f) Amount of fines, if any
- g) Corrective action taken

Attach copies of all citations, notices of violations, warning notices, civil penalties and fines issued by local, state, and federal regulatory agencies, all related correspondence, and proof of payment of fines.

4. Provide a statement (and/or documentation) which describes the Applicant's commitment to environmental protection, environmental maintenance, and environmental enhancement in the Port. **Farovi Shipping Corporation, its Officers, Directors and Employees are fully committed to protect, maintain and whenever possible enhance the environment of our work place at the port.**

### Section R

Provide written evidence of Applicant's ability to promote and develop growth in the business activities, projects or facilities of Port Everglades through its provision of the services (i.e., stevedore, cargo handler or steamship agent) it seeks to perform at Port Everglades. For first-time applicants (stevedore, cargo handler and steamship agent), the written evidence must demonstrate Applicant's ability to attract and retain new business such that, Broward County may determine in its discretion that the franchise is in the best interests of the operation and promotion of the port and harbor facilities. The term "new business" is defined in Chapter 32, Part II of the Broward County Administrative Code as may be amended from time to time.

**Our ability to promote and develop growth at Por Everglades dates back to 1962 when Farovi Shipping Corporation was granted its steamship agency franchise and it is our intention to continue promoting its agency and husbandry services at this Port in the future. Our experience speaks for itself and would like to point out that our main interest is to try to bring in new business opportunities, not to solicit businesses being handled by our other colleagues. We have performed agency services for many lines such as Fred Olsen Express LLC, Compania Sud Americana de Vapores, S.A. (CSAV), Mediterranean Shipping (MSC) and Hapag Lloyd. In essence, We are a vert active organization at Port Everglades along with our incorporated company, Florida Stevedoring Inc. which handles the stevedoring and terminal (cargo handling) services for MSC thru our sister company, Port Everglades Terminal LLC (PET).**

If you have checked an Applicant box for VESSEL BUNKERING, VESSEL OILY WASTE REMOVAL, VESSEL SANITARY WASTE WATER REMOVAL, OR MARINE TERMINAL SECURITY, the following additional information is required:

**VESSEL BUNKERING**

**Section T-** A Letter of Adequacy from the U.S. Coast Guard and a copy of the applicant's operations manual approved by the U.S. Coast Guard.

**Section V-** A copy of the applicant's Oil Spill Contingency Plan for Marine Transportation Related Facilities approved by the U.S. Coast Guard.

**Section W-** A Terminal Facility Discharge Prevention and Response Certificate with a copy of an approved Oil Spill Contingency Plan from the Florida Dept. of Environmental Protection.

**Section Z-** An approved Discharge Cleanup Organization Certificate from the Florida Dept. of Environmental Protection which has been issued to the applicant or to its cleanup contractor with a copy of the cleanup contract showing the expiration date.

**VESSEL OILY WASTE REMOVAL**

**Section S -** Certificate of Adequacy in compliance with the Directives of MARPOL 73/75 and 33 CFR 158, if applicable.

**Section T-** A Letter of Adequacy from the U.S. Coast Guard and a copy of the Applicant's operations manual approved by the U.S. Coast Guard.

**Section U-** A Waste Transporter License from the Broward County Environmental Protection Department identifying the nature of the discarded hazardous (or non-hazardous) material to be transported.

**Section V-** A copy of the Applicant's Oil Spill Contingency Plan for Marine Transportation Related Facilities approved by the U.S. Coast Guard.

**Section W-** A Terminal Facility Discharge Prevention and Response Certificate with a copy of an approved Oil Spill Contingency Plan from the Florida Dept. of Environmental Protection.

**Section X-** A Used Oil Collector, Transporter, and Recycler Certificate from the Florida Dept. of Environmental Protection.

**Section Y-** An Identification Certificate from the U.S. Environmental Protection Agency.

**Section Z-** An approved Discharge Cleanup Organization Certificate from the Florida Dept. of Environmental Protection which has been issued to the Applicant or to its cleanup contractor with a copy of the cleanup contract showing the expiration date.

**VESSEL SANITARY WASTE WATER REMOVAL**

**Section U-** A Waste Transporter License from the Broward County Environmental Protection Department identifying the nature of the discarded hazardous (or non-hazardous) material to be transported.

**Section Z1-** A copy of the Applicant's operations manual.

**Section Z2-** A Septage Receiving Facility Waste Hauler Discharge Permit from the Broward County Water and Wastewater Services Operations Division.

**MARINE TERMINAL SECURITY**

**Section N1-** A list of all metal detection devices, walk-through and hand held, as well as all luggage and carryon x-ray machines owned or leased, to be used or domiciled at Port Everglades. Listing must include brand name and model.

**Section N2-** A copy of all manufacturers recommended service intervals and name of

company contracted to provide such services on all aforementioned equipment.

**Section N3-** A description of current method employed to assure all equipment is properly calibrated and functioning.

**Section N4-** current training requirements and training syllabus for employees operating x-ray equipment. Highlight emphasis on weapon and contraband identification. Include equipment operator certificates, if any.

**Section O1-** Provide copies of all local, state and federal licenses, including:

**a.** A copy of the Applicant's State of Florida Business License.

**b.** A copy of security agency's Manager's "M" or "MB" License and a copy of the security agency's "B" or "BB" License issued by the Florida Department of Agriculture and Consumer Services.

**Section P3- SECURITY GUARDS / SUPERVISORS**

**a.** Provide Applicant's background requirements, education, training etc., for personnel hired as security guards.

**b.** Provide historic annual turnover ratio for security guards.

**c.** Provide a copy of Applicant's job training program/policy including a copy of training curriculum and copies of all manuals and take-home materials made available to security guards. Include information regarding frequency of training.

**d.** Provide background requirements, experience, licensing and any and all advanced training provided to supervisory personnel.

**e.** Provide present policy for individual communication devices either required of security guards or supplied by the employer.

**f.** Provide procurement criteria and source as well as Applicant's certification requirements for K-9 workforce.

**g.** Provide information on the number of security guards / supervisors currently employed or expected to be employed to provide security services at Port Everglades.

Supervisors \_\_\_\_\_  
Class D Guards \_\_\_\_\_  
Class G Guards \_\_\_\_\_  
K-9 Handlers \_\_\_\_\_

**Port Everglades Tariff 12**

References to the Port Everglades Tariff 12 as amended or reissued: <http://www.porteverglades.net/development/tariff>

**Application Fees**

The following fees have been established for franchised businesses at Port Everglades. Initial processing fees are nonrefundable. A franchise is required for each category of business.

**Stevedore**

Initial processing fee, assignment fee, or reinstatement fee \$ 11,000.00

Annual Fee

\$ 4,000.00

**Cargo Handler**

Initial processing fee, assignment fee, or reinstatement fee \$ 11,000.00

Annual Fee

\$ 4,000.00

**Steamship Agent**

Initial processing fee, assignment fee, or reinstatement fee \$

4,000.00

Annual Fee

\$ 2,250.00

**Tugboat and Towing**

Initial processing fee, assignment fee, or reinstatement fee \$ 26,000.00

Annual Fee

By Contract

**Vessel Bunkering, Vessel Oily Waste Removal,**

**Vessel Sanitary Waste Water Removal**

Initial processing fee, assignment fee, or reinstatement fee \$ 4,000.00

Annual Fee

\$ 2,250.00

For first-time franchise Applicants, both the initial application fee and the annual fee must be submitted at time of application. Thereafter, annual franchise fees are due and payable each year on the franchise anniversary date, which is defined as the effective date of the franchise.

Note: Check(s) should be made payable to:

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS and be mailed with this application to:

Port Everglades Business Administration Division

1850 Eller Drive, Fort Lauderdale, FL 33316

**Required Public Hearing**

Staff review of this application will not commence until such time as all of the above requested information and documentation has been provided and the franchise application has been determined by staff to be complete. All of the above requested information and Sections are required to be completed prior to the scheduling of the public hearing. Staff will request that the Broward County Board of County Commissioners set a public hearing to consider the franchise application and hear comments from the public. The Applicant will be notified of the Public Hearing date and must plan to attend the Public Hearing.

By signing and submitting this application, Applicant certifies that all information provided in this application is true and correct. Applicant understands that providing false or misleading information on this application may result in the franchise application being denied, or in instances of renewal, a franchise revoked. Applicant hereby waives any and all claims for any damages resulting to the Applicant from any disclosure or publication in any manner of any material or information acquired by Broward County during the franchise application process or during any inquiries, investigations, or public hearings.

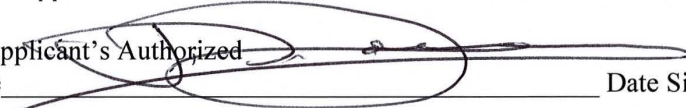
Applicant further understands that if there are any changes to the information provided herein (subsequent to this application submission) or to its officers, directors, senior management personnel, or business operation as stated in this application, Applicant agrees to provide such updated information to the Port Everglades Department of Broward County, including the furnishing of the names, addresses (and other information as required above) with respect to persons becoming associated with Applicant after its franchise application is submitted, and any other required documentation requested by Port Everglades Department staff as relating to the changes in the business operation. This information must be submitted within ten (10) calendar days from the date of any change made by the Applicant.

Applicant certifies that all workers performing functions for Applicant who are subject to the Longshore and Harbor Workers' Act are covered by Longshore & Harbor Workers' Act, Jones Act Insurance, as required by federal law.

This application and all related records are subject to Chapter 119, F.S., the Florida Public Records Act.

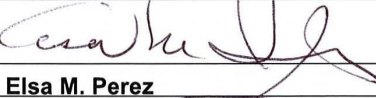
By its execution of this application, Applicant acknowledges that it has read and understands the rules, regulations, terms and conditions of the franchise it is applying for as set forth in Chapter 32, Part II, of the Broward County Administrative Code as amended, and agrees, should the franchise be granted by Broward County, to be legally bound and governed by all such rules, regulations, terms and conditions of the franchise as set forth in Chapter 32, Part II, of the Broward County Administrative Code as amended.

The individual executing this application on behalf of the Applicant, personally warrants that s/he has the full legal authority to execute this application and legally bind the Applicant.

Signature of Applicant's Authorized Representative  Date Signed September 23rd, 2020

Signature name and title - typed or printed Jorge P. Rovirosa, President

Witness Signature (\*Required\*)   
Witness name-typed or printed Frank V. Rovirosa

Witness Signature (\*Required\*)   
Witness name-typed or printed Elsa M. Perez

If a franchise is granted, all official notices/correspondence should be sent to:

Name Jorge P. Rovirosa Title President

Address Farovi Shipping Corporation Phone (305) 373-4765, ext. # 404

2541 SW 27th Avenue  
Miami, Florida 33133

**FAROVİ SHIPPING CORPORATION**

WELLS FARGO BANK, N.A.

**16918**

2541 SW 27th. AVENUE  
MIAMI, FL. 33133  
PHONE (305) 373-4765

63-643  
670

Date **September 08, 2020**

\*\*\*TWO THOUSAND TWO HUNDRED FIFTY DOLLARS AND 00 CENTS \*\*\*

~~\$2,250.00~~

Pay to the  
order of:

**BROWARD COUNTY BOARD OF**

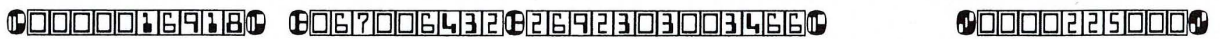
COMMISSIONERS  
1850 ELLER DRIVE  
FORT LAUDRDALE, FL. 33316  
U.S.A.

FAROVİ SHIPPING CORPORATION

**NOT NEGOTIABLE**

BY **NOT NEGOTIABLE**

Void after 180 Days



-----DETACH BEFORE BANKING-----

<b>FAROVİ SHIPPING CORPORATION</b>		Pay to: <b>BROWARD COUNTY BOARD OF</b>		<b>09/08/2020</b>	Check # <b>16918</b>
Your Ref.	Our Ref.	Date	Description of Charges		
2020090061	10012729	09/03/2020	*** INVOICE DETAIL *** STEAMSHIP AGENT ANNUAL FRANCHISE FEE (01/03/21 - 01/02/22)	2,250.00	2,250.00

*Sent to Broward  
on Sept. 9<sup>th</sup>, 2020  
E/SA*

Check Total ..... **2,250.00**



# BROWARD COUNTY

Department of Port Everglades  
1850 ELLER DRIVE  
FORT LAUDERDALE, FLORIDA 33316

## INVOICE

INVOICE DATE 09/03/2020

INVOICE NUMBER 2020090061

**ISSUED TO:**

FARF  
FAROFI SHIPPING CORPORATION

2541 SW 27 AVENUE  
MIAMI, FL, 33133  
UNITED STATES

**ATTENTION:** ELSA PEREZ  
**AGENT:**

September 03

### Miscellaneous

	Volume	Rate	U/M	Amount
STM STEAMSHIP AGENT Annual Franchise Fee (01/03/2021 - 01/02/2022)	1.00	2250.0000	YEAR	\$2,250.00
Subtotal for Miscellaneous				<u>\$2,250.00</u>
<b>AMOUNT DUE</b>				<u><u>\$2,250.00</u></u>

*One copy  
to the Agency  
Elsa  
9/8/2020*

PLEASE MAKE CHECKS PAYABLE TO : BROWARD COUNTY BOARD OF COMMISSIONERS

**TERMS: DUE ON PRESENTATION**

**Jorge P. Rovirosa**  
10405 SW - 122<sup>nd</sup> Street  
Miami, Florida 33176  
Tel.: 305-373-4765, ext. # 403 /cell.: 305-775-3223  
Fax: 305-371-6874 e-mail: jorovi@farovi.com

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**Professional Experience.-**

- 1971 - present **FAROVI SHIPPING CORPORATION**  
(steamship agents & stevedoring contractors serving Miami & Port Everglades)  
President, Member of Board of Directors  
Vessel Husbandry Operations, Traffic Department (Inbound/Outbound),  
Line Manager, Sales & Marketing, Administration
- 1972 - present **FLORIDA STEVEDORING, INC.**  
(stevedoring & terminal operators serving Miami and Port Everglades)  
President, Member of Board of Directors  
Stevedoring of break bulk, Ro/Ro and container vessels.  
Container and Warehouse Terminal Operations, Sales & Marketing Administration
- 1994 - present **Port of Miami Terminal Operating Co., LLC (POMTOC)**  
(container terminal operating company at PortMiami)  
Founding Principal, Member of Board of Directors
- 2000 - present **International Longshoremen's Association (AFL-CIO) - ILA Local # 1416, # 1922**  
**Employers' Benefit Health, Welfare, Pension Funds, Southeast Florida Ports**  
Management Trustee
- 1982 - 2000 **ILA Local 1922, Health, Welfare, Pension, Vacation and Holiday Funds, Miami, Florida**  
Management Trustee
- 1975 - 1976 **Venezolana de Buques, C.A., Caracas, Venezuela**  
(steamship line)  
Steamship line Sales & Marketing Consultant, Operations & Traffic
- 1976 - 1977 **Imparca Line, C.A., Caracas, Venezuela**  
(steamship line)  
Steamship line Sales & Marketing Consultant
- 1986 - 1998 **Florida Container Transport, Inc.**  
(container hauling company which served South Florida ports)  
President
- 1998 - 2003 **Port Crane Maintenance Co., L.L.C.**  
(gantry crane maintenance company serving PortMiami)  
Managing Director
- 1997 - present **American Container Lines L.C.**  
(NVOCC serving Central & South America)  
Principal, Member of the Board of Directors

**Jorge P. Rovirosa**  
10405 SW - 122<sup>nd</sup> Street  
Miami, Florida 33176  
Tel.: 305-373-4765, ext. # 403 /cell.: 305-775-3223  
Fax: 305-371-6874 e-mail: jorovi@farovi.com

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**Education.-**

- 1965 - 1970      **Augusta Military Academy**  
Fort Defiance, Virginia  
Academic Curriculum Diploma, Ad Astra per Aspera Honor Society, Honor Committee,  
Company Commander, USA-ROTOC 5th Army Academic Leadership Award
- 1970 - 1971      **University of Richmond**  
Richmond, Virginia  
Undergraduate Business Curriculum
- 1971 - 1972      **Miami-Dade Community College**  
Miami, Florida  
Undergraduate Business Curriculum
- 1971 - 1972      **University of Miami**  
Miami, Florida  
Undergraduate Business Curriculum

**Professional Memberships.-**

- 1973 - present      **The Propeller Club of the United States (Port of Miami)**  
Miami, Florida  
Former Member of Board of Governors, Past Chapter President

**Community Activities.-**

- 1981 - 1986      **Biscayne Management Committee, Metro-Dade County**  
Miami, Florida  
Appointed to Committee by the Chairman of the County Board of Commissioners
- 1984 - 2010      **Kairos Prison Ministry, Inc.**  
Miami, Florida  
Christian Ministry in State and Federal Prisons in South Florida
- 1999 - 2006      **Greater Miami Chamber of Commerce (Seaport Alliance Committee)**  
Miami, Florida  
Chairman
- 2000 - 2003      **Dade County Truckers Task Force**  
Miami, Florida  
Chairman

**Languages.-**

Fluent in English and Spanish

**Frank V. Rovirosa**  
*5317 Orduna Drive*  
*Coral Gables, Florida 33133*  
*Tel.: 305-785-1092*  
*Fax: 305-371-6874 -e-mail: frankv@farovi.com*

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**Attributes.-**

- Experienced in the international and domestic maritime, transportation and logistics arenas
- Senior Management experience in various operating companies, stevedoring, agency, terminal and trucking
- International travel developing contacts in Europe, Far East, Central & South America
- Managed labor within collective bargaining and negotiated local ILA agreements

**Professional Experience.-**

2004 - present      **Port Everglades Terminal LLC**  
Port Everglades Florida  
*(stevedoring and terminal operators serving Port Everglades)*  
Director

1995 - present      **Port of Miami Terminal Operating Co., LLC (POMTOC)**  
Miami, Florida  
*(container terminal operating company at Port of Miami)*  
Member of Board of Directors

1990 - present      **FLORIDA STEVEDORING, INC.**  
Miami, Florida  
*(stevedoring & terminal operators serving Miami and Port Everglades)*  
Executive Vice-President

1978 - present      **FAROVI SHIPPING CORPORATION**  
Miami & Port Everglades, Florida  
*(steamship agents & stevedoring contractors serving Miami & Port Everglades)*  
Executive Vice President

1986 - 1998      **Florida Container Transport, Inc.**  
Miami & Port Everglades, Florida  
*(container hauling company which served South Florida ports)*

**Education.-**

Business Administration  
Loyola University of New Orleans  
Specializing International Business and Finance

**Professional Membership .-**

Management Trustee ILA Container Royalty Fund  
Member Greater Miami Chamber of Commerce  
CAMACOL Member  
President Alumni Miami Chapter Loyola University  
Advisor to the Faculty College of Business Administration of Loyola University  
Founder and Director of the Rowing Program at Belen Jesuit School

**Richard G. Rovirosa**  
5400 SW 86<sup>th</sup> Street  
Miami, Florida 33143  
Tel.: 305-665-5793/cell.: 305-992-7397  
Fax: 305-371-6874/e-mail: [richard@farovi.com](mailto:richard@farovi.com)

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**Profile.-**

Accomplished Logistics and Transportation Senior Executive in Domestic and International multimodal, Supply Chain Management in numerous facets of the transportation business including Trucking, warehousing, Shipping Agency, Shipping Container Terminals . Demonstrated capabilities in area's of Management and Operations with P & L responsibility throughout career experience.

**Summary.-**

- Result driven executive with strong diversified skills to plan and develop programs to optimize results
- Capable of leading a significant organization to be creative, innovative via analytical and conceptual and technical reasoning
- Proven success in working via team environment with competent professionals in high energy, task oriented environment

**Professional Experience.-**

**Port Everglades Terminal LLC (Port Everglades, Florida)**

**2004-Present**

Port Everglades Terminal LLC is a joint venture terminal partially owned by MSC to provide shipping Container Terminal services and Cruise Stevedoring Services provider in Port Everglades, Florida.

**CEO & General Manager (2004 – Present)**

P & L responsibility for all aspects of the firms growth including Strategy and Account Creation and Maintenance , Terminal Operating systems , labor negotiations , Insurance , Management of both Costs and Revenue's.

**FLORIDA STEVEDORING, INC./FAROV SHIPPING CORPORATION**

**1983-2004**

**Responsibilities include:**

- ◆ Extensive shipping agency management
- ◆ Technology inter-phasing with carriers
- ◆ Human resource management
- ◆ Labor negotiations for trucking, terminal and repair operations
- ◆ Trucking/Intermodal operation and administration
- ◆ Chassis pool management of an owned fleet
- ◆ Chassis maintenance repair
- ◆ Terminal/Stevedoring management
- ◆ Equipment budgeting
- ◆ Equipment repair budgeting/costing
- ◆ Terminal/Vessel planning systems and inter-phasing
- ◆ Inter-phasing with U.S. authorities
- ◆ Container pool management/Logistics

## **RENE ARENCIBIA**

435 Campana Ave Coral Gables, FL 33156 Home (305) 662-1201

### **CAREER OBJECTIVE:** Accounting/Financial Management Positions

Seek affiliation with a company that provides strong opportunity to make measurable contribution and support for continued growth and advancement.

### **EDUCATION:**

University of Miami; Coral Gables, Florida  
Bachelor of Business Administration - in Accounting May 1987

### **WORK EXPERIENCE:**

**FAROVI SHIPING CORPORATION / FLORIDA STEVEDORING INC** May 2004 – Present  
2541 SW 27<sup>th</sup> Ave Miami, FL 33133

#### **VICE PRESIDENT OF FINANCE /CONTROLLER:**

- Responsible for all the accounting functions of the Miami and Ft Lauderdale offices.
- Responsible for the monthly & year-end financial statements analysis and reporting to C.E.O
- Preparation of the Federal Income tax return for various internal companies
- Managed cash management, investments and acquired financing for equipment and line-of-credit

**PLASTECH USA INC.** June 1999 – 2004 7752 NW 74<sup>th</sup> Ave Miami, FL 33166

#### **CONTROLLER:**

- Responsible for all the accounting functions of the Miami and Mexico City offices.
- Negotiated all contracts (Health, Dental, Disability, Phones, Internet, 401K plan & Copiers)
- Responsible for the monthly & year-end financial statements analysis and reporting to V.P. & C.E.O.
- Headed the MIS Department in implementing a new e-mail system, upgrading the servers, installing T-1 lines, firewall, anti-virus program and procuring new computers hardware
- Managed cash management, investments and acquired financing for equipment and line-of-credit

**DG AGENCY LLC** May 1995 - May 1999 8420 NW 52nd St. # 200 Miami, FL 33166

Company dissolved in June 1999

#### **ASSISTANT CONTROLLER:**

- Responsible for ensuring that all accounting functions for the stevedoring, agencies, container transport.
- Supervision fifteen A/P & A/R personnel
- Processing & reviewing payroll for approx. 150 employees in seven different states
- Responsible for the monthly & year-end financial statements analysis

**VERDEJA & GRAVIER CPA's** August 1987 - May 1995 201 Alhambra #900 Coral Gables, FL 33134

#### **SENIOR ACCOUNTANT/AUDITOR:**

- Supervised audits, reviews & compilations engagements
- Worked with various Big Five Accounting firms on audit engagement, in joint ventures engagements
- Preparation & reviewing corporate, partnership & individual federal income tax returns
- Preparation of Medicare, Medicaid & H.M.O. cost reimbursement reports

### **BUSINESS SKILLS:**

- My professional philosophy is consistent with that of team goals & team work and have found it to be the most efficient management strategy. My strengths include excellent analysis, efficiency and organizational skills as well as the ability to form conclusions and make practical decisions.
- I am proficient with most business software including Microsoft Great Plains, Taxes, Excel & Word.

**REFERENCE:** Furnished upon request

# State of Florida



## Department of State

I certify from the records of this office that FAROVI SHIPPING CORPORATION is a corporation organized under the laws of the State of Florida, filed on May 27, 1961.

The document number of this corporation is 247897.

I further certify that said corporation has paid all fees due this office through December 31, 1986, and its status is active.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
12th day of January, 1987.



George Firestone  
Secretary of State

# State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation, as amended to date, of FAROVI SHIPPING CORPORATION, a corporation organized under the laws of the State of Florida, as shown by the records of this office.

The document number of this corporation is 247897.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
12th day of January, 1987.



George Firestone  
Secretary of State



CERTIFICATE OF INCORPORATION  
OF  
NAROVI SHIPPING CORPORATION

RECEIVED  
MAY 27 10 59 AM '61  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We, the undersigned, associate ourselves to become a Florida corporation for profit.

ARTICLE I.

The name of the corporation shall be the above.

ARTICLE II.

The general nature of the business to be transacted is that ships' agent, stevedore and contractor, vessel charterer, and general marine business.

ARTICLE III.

The maximum authorized capital stock of this corporation shall be the following shares of common stock with the par value per share as stated:

Shares: 50  
Par value: No par value

ARTICLE IV.

The amount of capital with which this corporation shall commence business shall be not less than Five Hundred Dollars (\$500.00).

ARTICLE V.

This corporation shall have a perpetual existence.

ARTICLE VI.

Fort Lauderdale, Broward County, Florida, shall be the principal office of the corporation, with the privilege of having branch offices at other places within, or without, the State of Florida.

ARTICLE VII.

The number of directors of this corporation shall be not less than three and not more than seven.

ARTICLE VIII.

The names and post-office addresses of the first Board of Directors and of the officers of this corporation, who shall hold office for the first year or until their successors are chosen, are:

<u>NAME</u>	<u>ADDRESS</u>
Angel Maya	1737 S. W. 4th Court Fort Lauderdale, Florida
F. A. Rovirosa	1645 S. W. 40th Avenue Coral Gables, Florida
Lydia M. Jenson	266 Oceanic Avenue Fort Lauderdale, Florida

ARTICLE IX.

The name and post-office address of each subscriber and the number of shares of stock which each agrees to take are:

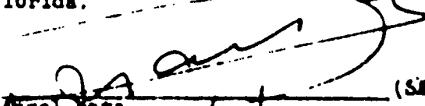
<u>NAME</u>	<u>ADDRESS</u>	<u>NO. SHARES</u>	<u>VALUE</u>
Angel Naya	1737 S. W. 4th Court Fort Lauderdale, Florida	15	\$250.00
F. A. Rovirosa	1645 S. W. 40th Avenue Coral Gables, Florida	15	250.00
Lydia M. Jenson	266 Oceanic Avenue Fort Lauderdale, Florida	1	17.50

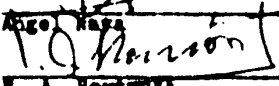
ARTICLE X.

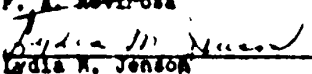
Each of the original incorporators of this corporation shall have the right, after the organization of same, to assign and deliver his subscription of stock herein to any other person or persons who may hereafter become subscribers to the capital stock of this corporation, who, upon acceptance of such assignment, shall stand in lieu of the said original incorporator and assume and carry out all the rights, liabilities, and duties entailed by said subscription, subject to the laws of the State of Florida and the execution of this power.

IN WITNESS OF THE FOREGOING, we have hereunto set our hands and seals at Fort Lauderdale, Florida.

Dated: May 24, 1961.

  
 \_\_\_\_\_ (SEAL)  
 Angel Naya

  
 \_\_\_\_\_ (SEAL)  
 F. A. Rovirosa

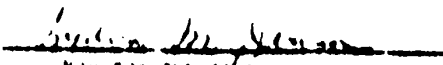
  
 \_\_\_\_\_ (SEAL)  
 Lydia M. Jenson

STATE OF FLORIDA  
COUNTY OF BROWARD

I HEREBY CERTIFY that there personally appeared before me, the undersigned authority, the above-named subscribers, to me well known and known by me to be the persons of that name described in, and who severally acknowledged to me that they executed the foregoing Certificate of Incorporation.

Dated: May 24, 1961.

WITNESS my hand and seal:

  
 \_\_\_\_\_  
 Notary Public, State of Florida

IN WITNESS OF THE FOREGOING, I have hereunto set  
my hand and seal at Fort Lauderdale, Florida.

Dated: May 24, 1961.

 (SEAL)

STATE OF FLORIDA }  
COUNTY OF BROWARD }

I HEREBY CERTIFY that there personally appeared  
before me, the undersigned authority, the above-named  
subscriber, to me well known and known by me to be the  
person of that name described in, and who acknowledged  
to me that she executed the foregoing Certificate of  
Incorporation.

Dated: *May 24, 1961*

WITNESS my hand and seal:

*Laura S. Hall*

Notary Public  
State of Florida at Large

My Commission Expires:

Notary Public, State of Florida at Large  
My Commission Expires: *May 2, 1962*  
Bonded by the State of Florida

AMENDMENT  
TO  
CERTIFICATE OF INCORPORATION OF  
MAROVI SHIPPING CORPORATION

The Certificate of Incorporation of Marovi Shipping Corporation  
filed on the 27th day of May, A. D., 1961 shall be amended as follows:

FILED  
MAY 27 1961  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE III

"The maximum authorized capital stock of this corporation shall  
be the following shares of common stock with the par value per share  
as stated; "

Shares - 100  
Par Value - No par value

IN WITNESS WHEREOF I have hereunto set my hand and seal at  
Miami, Florida this 23rd day of May, 1968.

I. Rainal (Seal)  
President

State of Florida  
County of Dade

We the undersigned Secretary and President of Marovi Shipping  
Corporation do hereby certify that the foregoing amendment to the  
Certificate of Incorporation has been approved by the Board of  
Directors, proposed by said board to the stockholders, and approved  
at a stockholder's meeting by such proportion, not less than a  
majority, of the stock entitled to vote thereon.

[Signature]  
Secretary

I. Rainal  
President

SUBSCRIBED AND SWORN TO, before me, this 23rd day of May, 1968.

[Signature]  
Notary Public, State of Florida at Large  
My commission expires April 14, 1970  
Bonded by Transamerica Insurance Co.

CERTIFICATE

The undersigned, President and Secretary of FAROVI SHIPPING CORPORATION, a Florida corporation, do hereby certify that the following is a true and correct copy of resolutions adopted by the Board of Directors in accordance with the Corporation's Articles of Incorporation and approval by the shareholders at a meeting duly called and held on

RESOLVED, that Article I of the Articles of Incorporation be deleted and the following substituted therefor:

"The name of the Corporation shall be FAROVI SHIPPING CORPORATION."

F. A. Rovirova  
F. A. Rovirova, President

Dave Madaula, Secretary

STATE OF FLORIDA  
COUNTY OF DADE

The foregoing instrument was acknowledged before me this 17 day of November, 1975, by F. A. Rovirova and Dave Madaula of FAROVI SHIPPING CORPORATION, a Florida corporation, on behalf of the Corporation.

Notary Public, State of Florida at Large

My Commission Expires:

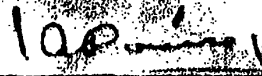
\_\_\_\_\_

FANONI SHIPPING CORPORATION  
ACTION BY DIRECTORS WITHOUT MEETING

The undersigned being all of the Directors of Fanoni Shipping Corporation, pursuant to Florida Statute, Section 607.134, hereby adopt the following resolution:

RESOLVED, that the Registered Agent and Registered Office of the Corporation be changed from John B. Armstrong, 1400 S.W. First National Bank Building, 100 So. Biscayne Boulevard, Miami, Florida 33131, to Frank A. Novitski, 1500 Port Boulevard, Miami, Florida 33132.

Each Director has signified his consent to the above action by placing his signature where indicated below.

  
\_\_\_\_\_  
F.A. Novitski

  
\_\_\_\_\_  
FRANK A. NOVITSKI

  
\_\_\_\_\_  
[Illegible Name]

  
\_\_\_\_\_  
[Illegible Name]


  
\_\_\_\_\_  
[Illegible Name]


**STOCK POWER**

FRANK L. ROVIROSA, JR., Trustee of the FRANK L. ROVIROSA, JR. TRUST AGREEMENT dated March 16, 2000, hereby gifts, assigns and transfers unto FRANK V. ROVIROSA, III, FERNANDO ARAN, and OCTAVIO F. VERDEJA, as co-Trustees and OCTAVIO F. VERDEJA, as Independent Trustee of the FRANK V. ROVIROSA, III 2014 GIFT TRUST dated June 25, 2014, Twenty-Two and 1/2 (22.5) shares of his stock of FAROVI SHIPPING CORPORATION, a Florida corporation ("FAROVI"), standing in his name on the books of FAROVI, represented by Certificate Nos. 23 and 24 herewith, and does hereby irrevocably constitute and appoint \_\_\_\_\_, to transfer the said stock on the books of FAROVI, with full power of substitution in the premises.

DATED: Effective as of this 25<sup>th</sup> day of JUNE, 2014.

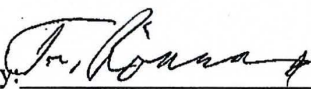
*Signed In the presence of:*

  
\_\_\_\_\_  
Print Name: Oscar R. Teschler

  
\_\_\_\_\_  
Print Name: Octavio F. Verdeja

**ASSIGNOR:**

FRANK L. ROVIROSA, JR. TRUST  
AGREEMENT dated March 16, 2000

By:   
\_\_\_\_\_  
FRANK L. ROVIROSA, JR., Trustee

**STOCK POWER**

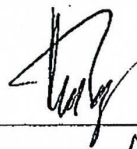
FRANK L. ROVIROSA, JR., Trustee of the FRANK L. ROVIROSA, JR. TRUST AGREEMENT dated March 16, 2000, hereby gifts, assigns and transfers unto RICARDO ROVIROSA, FERNANDO ARAN, and OCTAVIO F. VERDEJA, as co-Trustees and OCTAVIO F. VERDEJA, as Independent Trustee of the RICARDO ROVIROSA 2014 GIFT TRUST dated June 25, 2014, Twenty-Two and 1/2 (22.5) shares of his stock of FAROVI SHIPPING CORPORATION, a Florida corporation ("FAROVI"), standing in his name on the books of FAROVI, represented by Certificate Nos. 23 and 24 herewith, and does hereby irrevocably constitute and appoint \_\_\_\_\_, to transfer the said stock on the books of FAROVI, with full power of substitution in the premises.

DATED: Effective as of this 25<sup>th</sup> day of June, 2014.

*Signed In the presence of:*



Print Name: DONALD R. TESCHER



Print Name: OCTAVIO F. VERDEJA

**ASSIGNOR:**

FRANK L. ROVIROSA, JR. TRUST  
AGREEMENT dated March 16, 2000

By: 

FRANK L. ROVIROSA, JR., Trustee



9/16/2020

Detail by Entity Name

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Profit Corporation  
FAROVI SHIPPING CORPORATION

### Filing Information

<b>Document Number</b>	247897
<b>FEI/EIN Number</b>	59-0954681
<b>Date Filed</b>	05/27/1961
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	REINSTATEMENT
<b>Event Date Filed</b>	03/03/1994

### Principal Address

2541 SW 27TH AVE  
MIAMI, FL 33133

Changed: 04/23/2019

### Mailing Address

2541 SW 27TH AVE  
MIAMI, FL 33133

Changed: 04/23/2019

### Registered Agent Name & Address

ROVIROSA, JORGE P  
2541 SW 27TH AVENUE  
MIAMI, FL 33133

Name Changed: 04/22/2015

Address Changed: 04/22/2015

### Officer/Director Detail

#### **Name & Address**

Title T

ROVIROSA, RICHARD G.  
5400 SW 86TH ST  
MIAMI, FL

9/16/2020

Detail by Entity Name

Title F

ROVIROSA, JORGE P.  
10405 SW 122 STREET  
MIAMI, FL

Title VD

ROVIROSA, FRANK V.  
4080 EL PRADO BLVD  
COCONUT GROVE, FL

**Annual Reports**

Report Year	Filed Date
2018	04/17/2018
2019	04/23/2019
2020	06/09/2020

**Document Images**

<a href="#">06/09/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/23/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/17/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/17/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/28/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/22/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/13/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/30/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/30/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/18/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/16/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/20/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/04/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/26/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/06/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/25/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/18/2004 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/17/2003 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/29/2002 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/26/2001 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/25/2000 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/13/1999 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/30/1998 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/08/1997 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/23/1996 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 247897

**Entity Name:** FAROVI SHIPPING CORPORATION

**Current Principal Place of Business:**

2541 SW 27TH AVE  
MIAMI, FL 33133

**Current Mailing Address:**

2541 SW 27TH AVE  
MIAMI, FL 33133 US

**FEI Number:** 59-0954681

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ROVIROSA, JORGE P  
2541 SW 27TH AVENUE  
MIAMI, FL 33133 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** JORGE P ROVIROSA

06/09/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name ROVIROSA, RICHARD G.  
Address 5400 SW 86TH ST  
City-State-Zip: MIAMI FL

Title P  
Name ROVIROSA, JORGE P.  
Address 10405 SW 122 STREET  
City-State-Zip: MIAMI FL

Title VD  
Name ROVIROSA, FRANK V.  
Address 4080 EL PRADO BLVD  
City-State-Zip: COCONUT GROVE FL

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JORGE P. ROVIROSA

P

06/09/2020

Electronic Signature of Signing Officer/Director Detail

Date



## CERTIFICATE OF MARINE / ENERGY INSURANCE

DATE (MM/DD/YYYY)  
6/9/2020

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Marsh & McLennan Agency LLC 301 Commerce St. Suite 2201 Fort Worth TX 76102	<b>CONTACT NAME:</b> Lori Covey <b>PHONE (A/C, No, Ext):</b> 817-288-3918 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> lori.covey@marshmma.com <b>PRODUCER CUSTOMER ID #:</b>														
<b>INSURED</b> FLORIDA STEVEDORING INC. & FAROVI SHIPPING CORP. 2541 SW 27 Ave Miami FL 33133	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Liberty Mutual Insurance Company</td> <td>23043</td> </tr> <tr> <td>INSURER B : Navigators Insurance Company</td> <td>42307</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Liberty Mutual Insurance Company	23043	INSURER B : Navigators Insurance Company	42307	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Liberty Mutual Insurance Company	23043														
INSURER B : Navigators Insurance Company	42307														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

**COVERAGES      CERTIFICATE NUMBER: 1022830433      REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	HULL AND MACHINERY						PER SCHEDULE ON FILE
	<input type="checkbox"/> COLLISION LIABILITY						INSURED VALUE \$
	<input type="checkbox"/> TOWERS LIABILITY						COLLISION (Ea occurrence) \$
							TOWERS (Ea occurrence) \$
							\$
	PROTECTION AND INDEMNITY						PER CLUB RULES
	<input type="checkbox"/> CREW LIABILITY <input type="checkbox"/> JONES ACT						EA OCCURRENCE PER VESSEL, CSL \$
	<input type="checkbox"/> COLLISION LIABILITY						COLLISION (Ea occ), CSL \$
	<input type="checkbox"/> TOWERS LIABILITY						TOWERS (Ea occ), CSL \$
	<input type="checkbox"/> REMOVAL OF WRECK IN REM						REMOVAL OF WRECK (Ea occurrence) \$
							\$
							\$
							\$
	POLLUTION LIABILITY						EA OCCURRENCE \$
	<input type="checkbox"/> OPA 90						\$
	<input type="checkbox"/> CERCLA						\$
	<input type="checkbox"/> NON-OPA / NON-CERCLA						\$
							\$
	MARITIME EMPLOYERS LIABILITY	N / A					ANY ONE PERSON \$
	<input type="checkbox"/> ALTERNATE EMPLOYER						ANY ONE ACCIDENT \$
	INCLUDES <input type="checkbox"/> CREW <input type="checkbox"/> EMPS						\$
	<input type="checkbox"/> JONES ACT						\$
	<input type="checkbox"/> DEATH ON THE HIGH SEAS						\$
	<input type="checkbox"/> IN REM ENDORSEMENT						\$
							\$
							\$

*Yagun D. Park*  
*6/18/2020*

<b>CERTIFICATE HOLDER</b>  Broward County Attention: Bettina 1850 Eller Drive Fort Lauderdale FL 33316	<b>CANCELLATION</b>  SHOULD ANY OF THE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
---	--

AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_



**ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY Marsh & McLennan Agency LLC		NAMED INSURED FLORIDA STEVEDORING INC. & FAROVI SHIPPING CORP. 2541 SW 27 Ave Miami FL 33133	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
FORM NUMBER: 31 FORM TITLE: CERTIFICATE OF MARINE / ENERGY INSURANCE

Coverage: Primary and Non Contributory Endorsement  
Form #MGL-E053 (03-14)  
Coverage: Sudden & Accidental Pollution Liability Endorsement:  
Form # MGL-E002 (03/14)  
Coverage: Stevedores Legal Liability Endorsement  
Form #: MGL-E004 (03-14)  
Coverage: Terminal Operators Liability Endorsement  
Form #: MGL-E003 (03-14)

Certificate holder is additional insured as required by written contract but limited to the operations of the named insured  
Marine General Liability includes Sudden and Accidental Pollution ; ✓  
Included as a named insured Farovi Shipping

CERTIFICATE NUMBER: 1022830433

**COVERAGES**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXR (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> MARINE GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR 15,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MLIB100120901	6/1/2020	6/1/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS-COMP / OP AGG	\$ 1,000,000
								\$
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS OWNED <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> ALTERNATE EMPLOYER <input type="checkbox"/> USL&H ENDORSEMENT <input type="checkbox"/> MARITIME EMPLOYERS LIABILITY <input type="checkbox"/> OCSL ACT		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. (Each accident)	\$
							E.L. DISEASE (Ea employee)	\$
							E.L. DISEASE - POLICY LIMIT	\$
								\$
								\$
								\$
	<b>U.S. LONGSHORE &amp; HARBOR WORKERS COMPENSATION ACT</b> <input type="checkbox"/> ALTERNATE EMPLOYER <input type="checkbox"/> MARITIME EMPLOYERS LIABILITY <input type="checkbox"/> OCSL ACT		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. (Each accident)	\$
							E.L. DISEASE (Ea employee)	\$
							E.L. DISEASE - ANN AGG	\$
								\$
	<b>AIRCRAFT LIABILITY</b> <input type="checkbox"/> OWNED AIRCRAFT <input type="checkbox"/> NON-OWNED AIRCRAFT <input type="checkbox"/> PASSENGER LIABILITY						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
								\$
A B	<b>UMBRELLA / EXCESS LIAB / BUMBERSHOOT</b> <input type="checkbox"/> UMBRELLA <input checked="" type="checkbox"/> BUMBERSHOOT <input checked="" type="checkbox"/> EXCESS CLAIMS MADE <input checked="" type="checkbox"/> OCCUR DED <input checked="" type="checkbox"/> RETENTION \$ 25,000			ATAAZ5DQ007 HO20LIAZ05EE501	6/1/2020 6/1/2020	6/1/2021 6/1/2021	EACH OCCURRENCE	\$ 4,500,000
							AGGREGATE	\$ 4,500,000
								\$
								\$
								\$
	<b>ENERGY</b> CONTROL OF WELL / OPERATORS EXTRA EXPENSE <input type="checkbox"/> CARE, CUSTODY AND CONTROL (CCC) OFFSHORE OIL AND GAS PROPERTY <input type="checkbox"/> PLATFORMS <input type="checkbox"/> PIPELINES ONSHORE OIL AND GAS PROPERTY <input type="checkbox"/> OIL & GAS PROPERTY <input type="checkbox"/> CONTRACTORS EQUIPMENT NAMED WINDSTORM <input type="checkbox"/> CCC <input type="checkbox"/> OFF-SHORE <input type="checkbox"/> ON-SHORE						CSL, ANY ONE OCCURRENCE (100% interest)	\$
							ANY ONE OCCURRENCE (100% interest)	\$
							VALUES AS SCHEDULED	\$
							VALUES AS SCHEDULED	\$
								\$
								\$
							VALUES AS SCHEDULED	\$
							VALUES AS SCHEDULED	\$
								\$
							AGGREGATE	\$

VESSEL(S): AS PER ATTACHED SCHEDULE AS DETAILED IN THE DESCRIPTION OF OPERATIONS

DESCRIPTION OF OPERATIONS / LOCATIONS (ACORD 101, Additional Remarks Schedule, may be attached, if more space is required)  
 FLORIDA STEVEDORING INC.  
 Blanket Additional insured and Waiver of Subrogation endorsement  
 Form # MGL-E031 (03-14)  
 \*\* Continued from General Liability Section \*\*  
 Coverage: Action over Indemnity Buyback  
 Form #: MGL-E026 (03-14)  
 Coverage: Employee Benefits Liability - A  
 Form # MGL- E038 (03/14)  
 Edition Date: 02/01/09  
 See Attached...

CI CW A02 10 11

## CERTIFICATE OF INSURANCE

This certificate is issued for informational purposes only. It certifies that the policies listed in this document have been issued to the Named Insured. It does not grant any rights to any party nor can it be used, in any way, to modify coverage provided by such policies. Alteration of this certificate does not change the terms, exclusions or conditions of such policies. Coverage is subject to the provisions of the policies, including any exclusions or conditions, regardless of the provisions of any other contract, such as between the certificate holder and the Named Insured. The limits shown below are the limits provided at the policy inception. Subsequent paid claims may reduce these limits.

<b>Certificate Holder:</b> BROWARD COUNTY 1850 ELLER DR FT LAUDERDALE, FL USA 333164202	<b>Named Insured:</b> FLORIDA STEVEDORING INC FAROVI SHIPPING CORP 2541 SW 27TH AVE MIAMI FL 33133-2163
--	---

Automobile Liability			
<b>Insurer Name:</b> Allstate Insurance Company			
<b>Policy Number:</b> 048739908			
<input type="checkbox"/> 1 - Any Auto	<input type="checkbox"/> 2 - Owned Autos Only	<input type="checkbox"/> 3 - Owned Priv. Pass. Autos Only	
<input type="checkbox"/> 4 - Owned Autos Other Than Priv. Pass. Autos Only	<input checked="" type="checkbox"/> 5 - Owned Autos Subject to No Fault	<input type="checkbox"/> 6 - Owned Autos Subject to a Compulsory UM Law	
<input checked="" type="checkbox"/> 7 - Specifically Described Autos	<input checked="" type="checkbox"/> 8 - Hired Autos Only	<input checked="" type="checkbox"/> 9 - Nonowned Autos Only	
<b>Policy Effective Date:</b> 08-10-2020		<b>Policy Expiration Date:</b> 08-10-2021	
<b>Limits of Insurance:</b>	\$1,000,000	Combined Single Limit (each accident)	
	BI Per Person	BI Per Accident	PD Per Accident
<b>Description of Operations/Locations/Vehicles/Endorsements/Special Provisions</b>			
<b>Interested Party Type:</b> Additional Insured - All Other			
THIS CERTIFICATE DOES NOT GRANT ANY COVERAGE OR RIGHTS TO THE CERTIFICATE HOLDER. IF THIS CERTIFICATE INDICATES THAT THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST EITHER BE ENDORSED OR CONTAIN SPECIFIC LANGUAGE PROVIDING THE CERTIFICATE HOLDER WITH ADDITIONAL INSURED STATUS. THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED ONLY TO THE EXTENT INDICATED IN SUCH POLICY LANGUAGE OR ENDORSEMENT.			

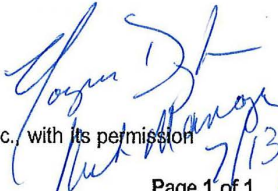
<b>Producer:</b> BORBOLLA INS AGENCIES	
<b>Authorized Representative:</b>	
<b>Date:</b> 07-10-20	

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CI CW A02 10 11

Allstate Insurance Company

Insured Full Copy

  
 7/13/2020  
 Page 1 of 1



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/5/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Marsh & McLennan Agency LLC 301 Commerce St. Suite 2201 Fort Worth TX 76102	<b>CONTACT NAME:</b> Rachel Isaacs	
	<b>PHONE (A/C, No, Ext):</b> 817-288-3901	<b>FAX (A/C, No):</b>
<b>E-MAIL ADDRESS:</b> rachel.isaacs@marshmma.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Liberty Mutual Insurance Company		23043
<b>INSURER B:</b> Navigators Insurance Company		42307
<b>INSURER C:</b> Signal Mutual Indemnity Association LTD		99999
<b>INSURER D:</b> Signal Mutual Indemnity Association LTD		99999
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED**  
 Florida Stevedoring Inc.  
 & Farovi Shipping Corp.  
 2541 SW 27 Ave  
 Miami FL 33133

**COVERAGES**                      **CERTIFICATE NUMBER:** 1264797169                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Deductible \$15k <input checked="" type="checkbox"/> Marine Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MLIB100120901	6/1/2020	6/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			ATAAZ5DQ007 HO20LIAZ05EE501	6/1/2020 6/1/2020	6/1/2021 6/1/2021	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C D	USL&H Jones Act			4005 J19-60099	10/1/2019 10/1/2019	9/30/2020 9/30/2020	USL&H \$1M Incidental

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 The following Endorsements are included under the General Liability Policy:  
 Employee Benefits Liability Endorsement Form # M-1333-MGL- E038 (03/14)  
 Stevedore's Legal Liability Endorsement Form #: M-1333-MGL-E004 (03-14)  
  
 Blanket Additional Insured form #M-1333-MGL edition 031 (03/14) applies to the General Liability policy.  
 Blanket Waiver of Subrogation form #M-1333-MGL edition 031 (03/14) applies to the General Liability policy.  
 See Attached...

<b>CERTIFICATE HOLDER</b>  Broward County Attention: Bettina 1850 Eller Drive Fort Lauderdale FL 33316	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
---	--



AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_



**ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY Marsh & McLennan Agency LLC		NAMED INSURED Florida Stevedoring Inc. & Farovi Shipping Corp. 2541 SW 27 Ave Miami FL 33133	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Primary & Non-Contributory General Liability form #M-1333-MGL edition053 (03/14).

The General Liability policy includes a Blanket Additional Insured endorsement to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The General Liability policy contains an endorsement with "Primary and Noncontributory" wording that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The General Liability policy contains a Blanket Waiver of Subrogation endorsement that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.



November 13, 2019

Southeast Insurance Group  
2665 South Bayshore Drive, Suite 1001  
Coconut Grove, FL 33133

**PRINCIPAL:** Farovi Shipping Corp.  
**BOND NO.:** 69161521  
**BOND TYPE:** Indemnity Bond  
**BOND AMOUNT:** \$20,000.00

**CONTINUATION NOTICE**

Please be advised the above captioned bond is renewed as of **December 12, 2019**. The Bond is a continuous bond, therefore no Continuation Certificate is required.

Should you have any questions, please do not hesitate to contact this office.

Yours truly,

SECURITY BOND ASSOCIATES, INC.

  
Linda Vera



# Western Surety Company

## RIDER

It is hereby mutually agreed and understood by and between the Principal/Insured and Western Surety Company, that instead of as originally written:

The address has been changed to read:  
2541 SW 27th Avenue  
Miami, FL 33133

No further changes other than above.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, limits or conditions of the Policy/Bond \_\_\_\_\_, except as hereinabove set forth.

This Rider becomes effective on the 3rd day of February, 2015, at twelve and one minute o'clock a.m., standard time.

Attached to and forming part of Policy/Bond \_\_\_\_\_ No. 69161521  
issued by WESTERN SURETY COMPANY of Sioux Falls, South Dakota,  
to Farovi Shipping Corp.

Signed this 3rd day of February, 2015.

WESTERN SURETY COMPANY  
By Paul T. Brufat  
Paul T. Brufat, Senior Vice President



INDEMNITY AND PAYMENT BOND

BOND NO. 69161521

Effective Date: December 12, 2001

KNOW ALL MEN BY THESE PRESENTS:

That we, Farovi Shipping Corp. as INDEMNITOR and WESTERN SURETY COMPANY as SURETY, a surety company authorized to do business in the State of Florida, are held and firmly bound unto BROWARD COUNTY, as OBLIGEE, a political subdivision of the State of Florida, in the full sum of Twenty Thousand and no/100 DOLLARS (\$ 20,000.00), for the payment of which we bind ourselves, our heirs, successors, assigns and personal representatives for the performance of the obligations hereinafter set forth:

NOW THEREFORE, the condition of this obligation is such that if INDEMNITOR, its heirs, executors, administrators, successors and assigns shall well and truly save harmless and keep indemnified BROWARD COUNTY, its successors and assigns, from and against all loss, costs, expenses, damages, injury, claims, actions, liabilities and demands of every kind (including but not limited to all reasonable attorney's fees to and through appellate, supplemental and bankruptcy proceedings) which arises from, is caused by, or results from or on account of:

- (i) failure of INDEMNITOR to pay to BROWARD COUNTY, when due, any and all tariff or other charges that have accrued at Port Everglades (whether relating to the furnishing of services or materials to INDEMNITOR, its principals, agents, servants or employees at Port Everglades; or, due to injury to property of Port Everglades; or, stemming from the use of Port Everglades facilities by INDEMNITOR, its principals, agents, servants or employees; or, otherwise); or
- (ii) non-compliance by INDEMNITOR, its principals, agents, servants or employees with applicable laws, ordinances, rules and regulations of the federal, state and local governmental units or agencies (including but not limited to the terms and provisions of the BROWARD COUNTY Code of Ordinances, Administrative Code, and all procedures and policies of the Port Everglades Department), as amended from time to time; or
- (iii) any act, omission, negligence or misconduct of INDEMNITOR, its principals, agents, servants or employees in Port Everglades (whether causing injury to persons or otherwise;

then these obligations shall be null and void, otherwise to remain in full force and effect.

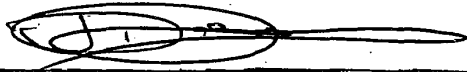
AS A FURTHER CONDITION of this obligation that it shall remain in full force and effect until and unless the Surety provides at least ninety (90) days prior written notice to BROWARD COUNTY of its intention to terminate this Bond.

Any notices required herein shall be given in writing and be delivered to: Broward County, Port Everglades Department, Attn: Director of Administration, 1850 Eller Drive, Fort Lauderdale, Florida 33316, with a copy to: Broward County Administrator, Governmental Center, 115 S. Andrews Avenue, Fort Lauderdale, Florida 33301.

IN WITNESS WHEREOF, INDEMNITOR has caused this Bond to be executed by Jorge P. Rovirosa, and attested to by its Secretary and its corporate seal to be affixed, and the Surety has caused this Bond to be executed in its name by its Attorney-in-Fact duly authorized to do so.

**INDEMNITOR:**

Company Name: Farovi Shipping Corp.

By: 

Jorge P. Rovirosa  
(Print Name of Pres./Vice Pres.)

Title: Executive Vice-President  
(Print)

4th day of December, 20 01

**SURETY:**

Company Name: WESTERN SURETY COMPANY

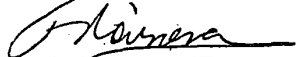
By: H. Dahlstrom

(Print Name of Pres./Vice Pres.)

Title: H. Dahlstrom, Ass't Sec.  
(Print)

29th day of November, 20 01

ATTEST:

  
Corporate Secretary


Frank V. Rovirosa  
(Print Name of Secretary)

(SEAL)

ATTEST:

M. Bent M. Bent, Ass't Sec.

(SEAL)

By:   
Resident Agent

# Western Surety Company

## POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

H. Dahlstrom of Sioux Falls,  
State of South Dakota, its regularly elected Assistant Secretary,  
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, all of the following classes of documents to-wit:

Indemnity, Surety and Undertakings that may be desired by contract, or may be given in any action or proceeding in any court of law or equity, policies indemnifying employers against loss or damage caused by the misconduct of their employees; official, bail, and surety and fidelity bonds; indemnity in all cases where indemnity may be lawfully given; and with full power and authority to execute consents and waivers to modify or change or extend any bond or document executed for this Company, and to compromise and settle any and all claims or demands made or existing against said Company.

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Executive Vice President with the corporate seal affixed this 29th day of November, 2001.

ATTEST

A. Viator  
Assistant Secretary

WESTERN SURETY COMPANY  
By Stephen T. Pate  
Stephen T. Pate, Executive Vice President

STATE OF SOUTH DAKOTA }  
COUNTY OF MINNEHAHA } ss

On this 29th day of November, 2001, before me, a Notary Public, personally appeared Stephen T. Pate and A. Viator

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Executive Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.

+++++  
D. KRELL  
SEAL NOTARY PUBLIC SEAL  
SOUTH DAKOTA  
+++++  
My Commission Expires November 30, 2006

D. Krell  
Notary Public



ACKNOWLEDGMENT OF SURETY  
(Corporate Officer)

STATE OF SOUTH DAKOTA }  
County of Minnehaha } ss

On this 29th day of November, 2001, before me, a Notary Public in

H. Dahlstrom, Ass't Sec.

and for said County, personally appeared \_\_\_\_\_  
personally known to me, who being by me duly sworn, did say that he is the aforesaid officer of WESTERN SURETY  
COMPANY, a corporation duly organized and existing under the laws of the State of South Dakota, that the seal affixed to the  
foregoing instrument is the corporate seal of said corporation, that the said instrument was signed, sealed and executed on  
behalf of said corporation by authority of its Board of Directors, and further acknowledge that the said instrument and the  
execution thereof to be the voluntary act and deed of said corporation.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal the day and year last above  
written.

My commission expires

H. JACKSON  
My Commission Expires 11-8-2006

H. Jackson  
Notary Public

**BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT**

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000  
VALID OCTOBER 1, 2020 THROUGH SEPTEMBER 30, 2021

**DBA:**  
**Business Name:** FAROVI SHIPPING CORPORATION

**Receipt #:** 379-234951  
**Business Type:** ALL OTHERS (STEAMSHIP AGENTS)

**Owner Name:** JORGE P ROVIROSA  
**Business Location:** 2541 SW 27 AVE  
MIAMI DADE COUNTY  
**Business Phone:** 305-373-4765 EXT 404

**Business Opened:** 07/27/2010  
**State/County/Cert/Reg:**  
**Exemption Code:**

Rooms                      Seats                      Employees                      Machines                      Professionals

		For Vending Business Only					
		Number of Machines:		Vending Type:			
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid	
45.00	4.50	0.00	0.00	0.00	0.00	49.50	

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

**THIS BECOMES A TAX RECEIPT**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

**WHEN VALIDATED**

**Mailing Address:**

FAROVI SHIPPING CORPORATION  
2541 SW 27 AVE  
MIAMI, FL 33133

**Receipt #** WWW-19-00212849  
**Paid** 09/18/2020 4.50

**2020 - 2021**

**BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT**

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000  
VALID OCTOBER 1, 2020 THROUGH SEPTEMBER 30, 2021

**DBA:**  
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**State/County/Cert/Reg:**  
**Exemption Code:**

Rooms                      Seats                      Employees                      Machines                      Professionals

Signature		For Vending Business Only					
		Number of Machines:		Vending Type:			
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid	
45.00	4.50	0.00	0.00	0.00	0.00	49.50	

**Receipt #** WWW-19-00212849  
**Paid** 09/18/2020 4.50



## **20. DRUG AND ALCOHOL FREE WORKPLACE**

### **DRUG AND ALCOHOL FREE WORKPLACE**

#### **20.1 PURPOSE**

**FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC** recognizes the problems which drug abuse have created in the Maritime Industry and the need to develop drug abuse prevention programs. Accordingly, in order to enhance the safety of the workplace and to maintain a drug-free environment, **FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC** has amended its Drug and Alcohol Prevention Program to comply with Federal Regulations Part IV, Department of Transportation, Research and Special Programs administration, 49 CFR Part 199, "Control of Drug Use in Natural Gas, Liquefied Natural Gas, and Hazardous Liquid Pipeline Operations.

#### **20.2 SCOPE**

This revised Drug and Alcohol Prevention Program is effective on February 1, 2008. The provisions of this Drug and Alcohol Prevention Program are applicable to all employees of **FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC**.

Implementation and continued enforcement of the Drug and Alcohol Prevention Program is subject to appropriate local, state, and federal laws as well as any collective bargaining agreements, and customer requirements.

#### **20.3 GENERAL PROVISIONS**

It is the intent of **FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC** to provide a drug free working environment by maintaining a strong drug and alcohol prevention program as part of our safety program which ensures that all employees are healthy and fit for work.

#### **20.4 EMPLOYEE ASSISTANCE PROGRAM**

The use, possession, transfer or sale of illegal drugs, narcotics, or other unlawful substances is absolutely prohibited and may be considered grounds for termination of employment. When discussed with management, employees experiencing problems prior to being identified through a positive drug test will be referred to SEFEPA when some concern with the ILA staff and to their respective supervisor when same relate to the staff employees.

#### **20.5 REASONABLE SUSPICION**

Non ILA employees who exhibit through identification of abnormal job performance or behaviors, which suggest that drug or alcohol abuse may be a factor, may be requested to test for the presence of alcohol or drug test.

#### **20.6 RANDOM TESTING**

All Superintendents & ILA employees may undergo unannounced drug testing based on SEFEPA supervised drug testing programs

Please review addendum #1 attached

#### **20.7 POST ACCIDENT TESTING**

Post Accident Testing shall involve any employee in an accident or contributing to an accident as defined in this policy.

#### **20.8 ALCOHOL**

Being under the influence of alcohol by any employee while performing company business is prohibited to the extent that such use or influence may affect the safety of co-workers or members of the public, the employee's job performance, or the safe or efficient operation of the company facility.

#### **20.9 LEGAL DRUGS**

Except as provided below, the use or being under the influence of any legally obtained drug by any employee while performing company business is prohibited to the extent such use or influence may affect the safety of co-workers or members of the public, the employee's job performance, or the safe or efficient operation of the company equipment.

An employee may continue to work, even though under the influence of a legal drug if management has determined, after consulting with the Medical Department and Employee Relations, that the employee does not pose a threat to his or her own safety or the safety of their co-workers and that the employee's job performance is not significantly affected by the legal drug. Otherwise, the employee may be required to take a leave of absence or comply with other appropriate action determined by Management.

#### **20.10 ILLEGAL DRUGS**

The use, sale, purchase, transfer or possession of an illegal drug by an employee while at the company or while performing company business is prohibited. The presence in detectable amount of any illegal drug in an employee while performing company business or while in a customer or company facility is prohibited.

#### **20.11 DISCIPLINARY ACTION**

Violation of the Policy can result in disciplinary action, up to and including suspension and or termination, even for the first offense.

#### **20.12 CUSTOMER OR OWNER REQUIREMENTS**

It is understood that FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC. may, under the provisions of the contract, retain the right to search employees and their belongings for drugs, controlled substances, alcohol, or firearms while on the customer's property.

## **SEARCHES**

### **20.13 SCOPE AND PROCESS**

Searches of an employee and their personal property may be conducted when there is Reasonable Suspicion that the employee is impaired from performing his/her job or: in an "Unfit Condition"; and "Incident on duty"; "Post Accident", "Reasonable Suspicion", or when management believes the possession of alcohol or drugs may be occurring in violation of the company policy.

Searches and/or screening of employees and their personal property may otherwise be conducted who contributed to an accident or where there is Reasonable Suspicion to believe that the accident resulted from drug abuse. In addition to paragraphs 1 & 2 and in accordance with 33 CFR part 105.255 (e) (1), (e) (2) (i), (e), (3), (ii), entering the facility is deemed valid consent to screening or inspection and failure to consent or submit to screening or inspection will result in denial or revocation of authorization to enter.

- An employee's consent to a search is required as a condition of employment and the employee's refusal to consent may result in disciplinary action, including termination, even for a first refusal.
- Searches of company facilities and property can be conducted at any time and do not have to be based on Reasonable Suspicion.
- Searches of clothing and personal effects will be conducted under the direct supervision of management accompanied by a witness.

### **20.14 DISPOSITION OF UNCOOPERATIVE EMPLOYEES**

Employees who refuse to cooperate with the search procedures will not be forced to comply, but will be informed that failure to comply will be grounds for removal for the customer's premises. Those employees who refuse the search procedures will not be granted admittance to the facility since they have failed to comply with the basic company policy.

### **20.15 CONTRACT PERSONNEL**

The policy provisions stated in all sections above are applicable to contract personnel. Violation of these provisions or refusal to cooperate with implementation of the policy can result in the company's barring contract personnel from company facilities or participating in company operations. All contract personnel refusing to abide by the company policies will be referred to SEFEPA for further action.

### **20.16 EMPLOYEE'S REPORTING REQUIREMENTS - LEGAL DRUGS**

For certain job positions, an employee's use of a legal drug can pose a significant risk to the safety of the employee or others. Employees who feel or have been informed that the use of a legal drug may present a safety risk are to report such drug use to the Personnel Department or management to determine job related consequences. Supervision that is aware of such a situation is to instruct the employee to report to the Personnel Department or the Management.

#### **20.17 DEFINITIONS**

- "Under the influence" means, for the purposes of this policy, that the employee is affected by a drug or alcohol or the combination of a drug and alcohol in any detectable manner. The symptoms of influence are not confined to those consistent with misbehavior, or to obvious impairment of physical or mental ability, such as slurred speech or difficulty in maintaining balance. A determination of influence can be established by a professional opinion, a scientifically valid test and, in some cases such as alcohol, by a layperson's opinion.
- "Legal drug" means any drug; (a) which is not legally obtained, or (b) which is legally obtainable but has not been legally obtained. The term includes prescribed drugs not legally obtained and prescribed drugs not being used for prescribed purposes. It also includes marijuana.

#### **20.18 NOTIFICATION**

- When an employee is observed in an "Unfit Condition" such as any of those specified in this policy that requires further investigation, testing, or searches, this "Condition" shall be immediately reported by the employee's supervisor to the supervisor's manager and the Safety Superintendent and or its designate.
- While at the facility, the designated company representative must also be notified.
- Upon notification from the employee's supervisor to the supervisor's manager and/or the Safety Superintendent and or its designate, appropriate action as outlined in this policy is to be taken, i.e., testing of the employee, implementing search procedures, etc.

#### **20.19 UNFIT CONDITION**

- All supervisory company personnel will be trained in the recognizing the specific, contemporaneous physical, behavioral, and performance indicators of possible drug or alcohol abuse.
- The decision to test a company employee for alcohol and drugs while on duty will be done by a meeting of the employee's supervisor and at least one other supervisor and the Safety Superintendent and or its designate. While at the facility, the designated company representative must also be notified.
- The search procedure shall be initiated as part of any observation as an integral part of the screening process.
- The employee shall be escorted to a designated "off-site" medical facility for actual screening.
- The employee will be excluded from further work at the facility pending the outcome of the test results.

#### **20.20 INCIDENT ON DUTY**

- The decision to test a company employee for alcohol and drugs while on duty will be done by a meeting of the employee's supervisor and at least one other supervisor and the Safety Superintendent and or its designate. While at the facility, the decision to test must be made in conjunction with their designated representative.
- Any company employee refusing to submit to the alcohol and drug test will be immediately suspended from all work responsibilities without pay until all requested tests are completed; for a period not to exceed five (5) working days. If the employee chooses not to submit to the drug and alcohol screen during the initial 24 hour period, the employee may be considered to have voluntarily terminated employment.
- The company employee will be excluded from further work at the facility pending the outcome of the test results.

## **20.21 REASONABLE SUSPICION TESTING**

FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC will drug test an employee for drugs and alcohol when there is Reasonable Suspicion to believe the employee is using a prohibited drug or under the influence of alcohol.

A decision to test will be based on specific contemporaneous physical, behavioral, or performance indicators of probable drug use such as:

- Discovery of an employee in possession of drugs or alcohol while on duty;
- Sudden change in work performance;
- Sudden change in attitude;
- Minor, yet consistent avoidable accidents;
- Observations of extreme behaviors, i.e.;
- Slurred speech;
- Uneven gait;
- Mood swings;
- Violent outbursts of temper.
- Excessive Absenteeism;
- Pattern of consistent tardiness;
- Disappearing/missing from designated work site without the supervisor aware of whereabouts;
- Consistently in areas where employees should not be or has reason to be.

Before an employee is asked to test for Reasonable Suspicion, two of the company's supervisors will substantiate and concur in the decision to request a drug test. One of the two supervisors must have observed the behavior. The two supervisors may concur by telephone.

When a negative test result is received, the employee will be put back to work.

When a confirmed positive test result is received, the employee will be advised in writing of his/her termination of employment. The written notification will include the reason for the termination, the conditions under which rehire could be considered and specific recommendation to seek professional assistance.

Any employee refusing to submit to the alcohol and drug test will be suspended from all work responsibilities without pay until all requested tests are completed; for a period NOT to exceed 24 hours. If the employee chooses not to submit to the drug and alcohol screen during the 24 hour period, the employee may be considered to have voluntarily terminated employment.

See specific requirements of Customer Substance Abuse policies, which will be distributed as appendices to this Drug and Alcohol Prevention Program.

**20.22 ACKNOWLEDGEMENT OF DRUG & ALCOHOL PREVENTION PROGRAM**

I, \_\_\_\_\_ the undersigned employee of **FLORIDA STEVEDORING INC. & PORT EVERGLADE TERMINAL LLC.** acknowledge that I have received, read, and understand the Company's Policy and Procedure for responding to drugs and alcohol in the workplace. I have had an opportunity to have any / all aspects of this Policy and Procedure explained to me. I understand that this Policy and Procedure are terms and conditions of my employment. Violation of this Policy or any aspect of the Procedures may result in my termination. I agree to abide by the contents herein described.

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS'S SIGNATURE

\_\_\_\_\_  
DATE



**ENVIROS**

Enforcement Action Advanced Search

Search Reset

**No information was found matching your selection criteria. Please try again.**

Enforcement Action Number:

House Number:  To:

Street:      
**Direction Street Name Street Type Suite**

City:  Zip:

Section:  Township:  Range:

Respondent:

[Help on this page](#)

Screen ID: 23473



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- Comments and Suggestions
- Report a Complaint
- Site Map

- Broward.org
- Terms of Use
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Stay Connected



# Florida Hazardous Waste Handler Search Results



Florida Department of Environmental Protection

## Hazardous Waste Facilities Search Results

### Selection Criteria for This Handler Search:

EPAID: % ; Name: FAROVI SHIPPING CORPORATION% ; Address: % ; City: % ; County: %

#### For Facility Data Links:

**A**ctivities -- provides a list of RCRA compliance activities and violations.

**M**apping in GIS -- this opens a **[NEW IMPROVED]** GIS mapping tool focused on the facility.

**D**ocuments -- this provides a list of electronic documents available online.

**E**rror Reporting -- send us feedback to address data errors.

**C**ounty Verification -- County or RPC verification of Facility and Waste for this site.

#### For a Generator Status History:

click on the **Status**. - **N**OT indicates a facility is a Non-Notifier and may not have been issued the associated EPAID - **C**heck with **DEP** before using that EPAID!

[Legend of Status Types](#)

EPA ID	Name	County	Address	Contact	Status	As of	Data Links
<b>Search has retrieved 0 Facilities</b>							

### Legend of Status Types:

- LQG - Large Quantity Generator
- SQG - Small Quantity Generator
- CES - Conditionally Exempt Small Quantity Generator
- UOT - Used Oil Transporter
- TRA - Hazardous Waste Transporter
- TSD - Treatment/Storage/Disposal Facility
- CLO - Closed
- NHR - Non-Handler of Hazardous Waste





## Occupational Safety and Health Administration

Menu

SEARCH OSHA

OSHA ▾ STANDARDS ▾ TOPICS ▾ HELP AND RESOURCES ▾ Contact Us FAQ A to Z Index English Español

## Establishment Search

### Reflects inspection data through 09/24/2020

This page enables the user to search for OSHA enforcement inspections by the name of the establishment. Information may also be obtained for a specified inspection or inspections within a specified SIC.

**Note:** Please read important information below regarding interpreting search results before using.

Search By:

**Your search did not return any results.**

Establishment   
*(This box can also be used to search for a State Activity Number for the following states: NC, SC, KY, IN, OR and WA)*

State

OSHA Office

Site Zip Code

Case Status  All  Closed  Open

Violation Status  All  With Violations  Without Violations

Inspection Date

Start Date

End Date

**Can't find it?**  
Wildcard use %  
Basic Establishment Search Instructions  
Advanced Search Syntax

### NOTE TO USERS

## Establishment Search Page | Occupational Safety and Health Administration Page 2 of 2

The Integrated Management Information System (IMIS) was designed as an information resource for in-house use by OSHA staff and management, and by state agencies which carry out federally-approved OSHA programs. Access to this OSHA work product is being afforded via the Internet for the use of members of the public who wish to track OSHA interventions at particular work sites or to perform statistical analyses of OSHA enforcement activity. It is critical that users of the data understand several aspects of the system in order to accurately use the information.

The source of the information in the IMIS is the local federal or state office in the geographical area where the activity occurred. Information is entered as events occur in the course of agency activities. Until cases are closed, IMIS entries concerning specific OSHA inspections are subject to continuing correction and updating, particularly with regard to citation items, which are subject to modification by amended citations, settlement agreements, or as a result of contest proceedings. THE USER SHOULD ALSO BE AWARE THAT DIFFERENT COMPANIES MAY HAVE SIMILAR NAMES AND CLOSE ATTENTION TO THE ADDRESS MAY BE NECESSARY TO AVOID MISINTERPRETATION.

The Integrated Management Information System (IMIS) is designed and administered as a management tool for OSHA to help it direct its resources. When IMIS is put to new or different uses, the data should be verified by reference to the case file and confirmed by the appropriate federal or state office. Employers or employees who believe a particular IMIS entry to be inaccurate, incomplete or out-of-date are encouraged to contact the OSHA field office or state plan agency which originated the entry.

### UNITED STATES DEPARTMENT OF LABOR

Occupational Safety and Health Administration  
200 Constitution Ave NW  
Washington, DC 20210  
☎ 800-321-6742 (OSHA)  
TTY  
[www.OSHA.gov](http://www.OSHA.gov)

#### FEDERAL GOVERNMENT

[White House](#)  
[Severe Storm and Flood Recovery Assistance](#)  
[Disaster Recovery Assistance](#)  
[DisasterAssistance.gov](#)  
[USA.gov](#)  
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**From:** [Osorno-Belleme, Angela](#)  
**To:** [HQS-SMB-FOIA](#)  
**Subject:** Freedom of Information Act Request  
**Date:** Tuesday, September 29, 2020 4:35:13 PM  
**Attachments:** [image002.png](#)

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Please accept this email as a Freedom of Information Act request for information on any environmental infractions, fines, penalties, and resolutions associated with the following companies:

Farovi Shipping Corporation  
2541 S.W. 27th Ave  
Miami, FL 33133

Moran Shipping Agencies, Inc.  
106 Francis Street  
Providence, RI 02903

Master, Owner & Operator c/o Valls Ship Agencies, LP  
2550 Eisenhower Blvd, Suite 210  
Ft. Lauderdale, FL 33316

USA Maritime Enterprises, Inc.  
P.O. Box 22723  
Ft. Lauderdale, FL 33335

Christian Bay Shipping Company  
dba/ Fillette Green Shipping Services (USA) Corp  
3333 W. Kennedy Blvd., Suite 207  
Tampa, FL 33609

Rehoboth Terminal LLC  
1025 Gateway Blvd Suite 303-107  
Boynton Beach, FL 33426

World Petroleum Corp.  
P.O. Box 291197  
Davie, FL 33329

The period of this request is January 1, 2015 through October 1, 2020.

Your response may include redactions (removal) of Personal Information(5 U.S.C. 552(b)(6) and (b)(7)(c) information.

Thank you.



**Angela Osorno Belleme, PMP**

**Franchise & Business Permit Manager**

Broward County Port Everglades Department

1850 Eller Drive, Suite 603

Fort Lauderdale, FL 33316

Ph (954) 468-0112 Fx (954) 468-525-1910

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