

RECEIVED BY
PORT EVERGLADES DEPT.
BUSINESS ADMINISTRATION
PORT EVERGLADES FRANCHISE APPLICATION

2011 DEC 9 AM 9:58

An application will not be deemed completed and processed until all required documents and fees are received.
A separate application must be filed for each type of franchise Applicant wishes to apply for.

- CHECK ONE
- | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | STEAMSHIP AGENT | <input type="checkbox"/> | STEVEDORE |
| <input checked="" type="checkbox"/> | CARGO HANDLER | <input type="checkbox"/> | TUGBOAT & TOWING |
| <input type="checkbox"/> | VESSEL BUNKERING | <input type="checkbox"/> | VESSEL OILY WASTE REMOVAL |
| <input type="checkbox"/> | VESSEL SANITARY WASTE WATER REMOVAL | | |

Note: Applicant is defined as the legal entity applying for the franchise. All information contained in this application shall apply only to the Applicant, not to any parent, affiliate, or subsidiary entities.

Applicant's

Name FAST TERMINAL, CORP.
(Name as it appears on the certificate of incorporation, charter, by-laws, or other official document)

Applicant's Business Address 4700 Mc Intosh Rd. Ft. Lauderdale, FL. 33316
Number / Street City/State/Zip

Phone # (954) 467-0670 E-mail address i.sola@fast-terminal.com

Fax #: () _____

**Name of the person authorized to bind the Applicant
(This person's signature must appear on Page 10.)**

Name Jose Maria Sola Matas

Title President

Business Address 8669 NW 36 Street. Suite 335. Miami, Fl. 33166
Number / Street City/State/Zip

Phone # (305) 767-1900 E-mail address dga@scline.es

Fax #: () _____

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 Farid E. Escobar

Representative's Title Project Manager

Representative's Business Address 8669 NW 36 Street. Suite 335. Miami, Fl. 33166
Number / Street City/State/Zip

Representative's Phone # (305) 600-8558

Representative's E-mail address f.escobar@fast-terminal.com

Representative's 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 Jose Middle Name Maria
Last Name Sola Matas
Business Street Address 8669 NW 36 Street. Suite 335
City, State, Zip Code Miami, Fl. 33166
Phone Number (305) 767-1900 Fax Number () _____
Email Address _____ dga@scline.es

Title Secretary
First Name Jose Middle Name Maria
Last Name Sola Freixa
Business Street Address 8669 NW 36 Street. Suite 335
City, State, Zip Code Miami, Fl. 33166
Phone Number (305) 767-1900 Fax Number () _____
Email Address _____ pdg@scline.es

Title CEO
First Name Ignacio Middle Name _____
Last Name Sola Matas
Business Street Address 8669 NW 36 Street. Suite 335
City, State, Zip Code Miami, Fl. 33166
Phone Number (305) 767-1900 Fax Number () _____
Email Address _____ i.sola@fast-terminal.com

Title _____
First Name _____ Middle Name _____
Last Name _____
Business Street Address _____
City, State, Zip Code _____
Phone Number () _____ Fax Number () _____
Email Address _____

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.

Please refer to table of contents

Section B

1. Place checkmark to describe the Applicant:
() Sole Proprietorship () 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.

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 ___ No If "Yes," please provide details in the space provided. Attach additional sheets if necessary.
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 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.
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 ___ No If "Yes," please provide details in the space provided, including:
Prior officers, directors, executives, partners, shareholders, members
Name(s) _____
New officers, directors, executives, partners, shareholders, members
Name(s) _____
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.

N/A

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.

N/A

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.

Please refer to table of contents

Section G

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

Please refer to table of contents

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.

Please refer to table of contents

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" Port Everglades, Fl.

Seaport Port Everglades, Fl. Number of Years Operating at this Seaport 1 Yr

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
SC LINE S.A.	Cargo Handler

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.broward.org/port/tariff>.

See enclosed TT Club Insurance
Please refer to table of contents

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.

R/ Considering that Financial Statements are Confidential, Hand delivered to Judy Fink, we formally request that these are kept outside of the public record.

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

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

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

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 _____ Nature of Business _____

Contact Name _____ Title _____

Legal Business Street Address _____

City, State, Zip Code _____

Phone Number () _____

(Provide on a separate sheet.)

Please refer to table of contents

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. R/ See enclosed surety Bond.
Please refer to table of contents
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.
Please refer to table of contents
2. Identify the type of fuel used for each piece of equipment.
Please refer to table of contents
3. Indicate which equipment, if any, is to be domiciled at Port Everglades.
Please refer to table of contents
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 **x** 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.

Section O

Provide a copy of the Applicant's current Broward County Business Tax Receipt (formerly Occupational License). See enclosed 2014 / 2015
Please refer to table of contents

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.
- Please refer to table of contents

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.

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.

Please refer to table of contents

By signing and submitting this application, Applicant certifies that it has read and understands the governing rules and regulations for a franchise as provided in Chapter 32, Part II, of the Broward County Administrative Code as amended. For additional information, visit: <http://www.municode.com/resources/gateway.asp?pid=13528&sid=9>.

By signing and submitting this application, Applicant certifies that all information provided in this application is true and correct and further, 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.

The individual executing this application personally warrants that s/he has the full binding authority to execute this application on behalf of the Applicant. Applicant further understands that if there are any changes to the information provided herein (subsequent to this application submission) and/or to its officers, directors, senior management personnel and/or in its 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 and Harbor Workers' Act, Jones Act Insurance, as required by federal law.

By signing and submitting this application, Applicant authorizes the Port Everglades Department of Broward County to make any inquiry or investigation it deems appropriate to verify or augment the information contained in this application, and authorizes others to release to the Port Everglades Department of Broward County any and all information sought in such inquiry. Applicant further understands that under the laws of the State of Florida, this application is subject to the Florida Public Records Act (Chapter 119, Florida Statutes) as may be amended.

Signature of Applicant's Authorized Representative Jose Maria Sola Matas  Date Signed 12/01/2014

Signature name and title - typed or printed President & Member of the board.

Witness Signature (*Required*) 

Witness name-typed or printed Ignacio Sola Matas

Witness Signature (*Required*) 

Witness name-typed or printed Juan Williams

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

Name Ignacio Sola Matas Title CEO
8669 NW 36 Street. Suite 335
Address Miami, Fl. 33166 Phone (786) 351-8227

Section A

Section A

2.

JOSE MARIA SOLA MATAS

EDUCATION

Undergraduate	Bachelor's Degree International Business, Universitat Pompeu Fabra 2000-2003
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PROFESSIONAL EXPERIENCE

2006 – 2008	SC LINE S.A., Panama	Commercial Manager
2008 – Present	SC LINE S.A., Panama	CEO, VOCC RoRo carrier
2009 – Present	FLEET IN, Spain / Panama	Commercial Director, vessel chartering.
2012 – Present	FAST TERMINAL, Corp. RoRo port terminal specialized light processing facility (applied for Franchised Cargo Handler at Port Everglades, FI)	President, Member of the Board, corporate
2013 – Present	EUDORA TANKERS, Panama and bunker transportation company	Member of the Board. Marine bunker supply

LANGUAGES

Catalan	Native
Spanish	Native
English	Advanced, conversational

Section A

2.

JOSE MARIA SOLA FREIXA

EDUCATION

Undergraduate	Attorney at Law	Universidad Autonoma de Barcelona
Graduate	Master's Diploma in Business Administration, Escuela Superior de Administracion y Direccion de Empresas	
	Master's Diploma in Enterprise Advisory & Development, Fundacion Universitaria San Pablo.	

PROFESSIONAL EXPERIENCE

1973 – 1990	MUTUA GENERAL, Spain.	Attorney & Adjunct Director General
1984 – 1990	ESADE Foundation, Spain intelligence think tank	Member. Catalunya's leading business
1994 – 1998	ANSAT , Spain association	President, Audi, Seat, VW, Skoda dealership
1994 – 1998	FACONAUTO, Spain dealership association	Vice President, Spain's main automotive
1990 – 2000	GRUPO MISTRAL, Spain Distribution. Spains 3 rd leading raking automotive dealership	Mistral Group. Automotive Dealership and
2000 – Present	GRUPO LETAMENDI, Spain Skoda, VW automotive support group	Majority stock holder. Barcelona's leading Audi,
2000 – Present	SC LINE S.A., Panama	President. VOCC RoRo carrier
2000 – Present	SCLINE USA, CORP. Miami, Fl. support entity.	President. Commercial and operational VOCC's
2012 – Present	SC LINE COLOMBIA, S.A.S. and commercial development arm in Colombia .	Legal Representative. SC Line's cargo agency
2012 – Present	SC LINE ZF, S.A.S**. Colombia processing facility at Zona Franca de las Americas.	Legal Representative. Free Zone and light RoRo

**Legal name change, Sept 2013, to FAST TERMINAL Santa Marta

2013 – Present FAST TERMINAL, Corp. Stock holder & Member of the Board. Corporate
RoRo port terminal specialized light processing facility (applied for Franchised Cargo Handler at Port
Everglades, Fl)

LANGUAGES

Catalan	Native
Spanish	Native
English	Advanced, conversational

Section A

2.

IGNACIO SOLA MATAS

EDUCATION

Undergraduate	Bachelor's Degree International Business & Logistics, FIAC Business School 2010-2012
Certifications	Animal welfare during transport, Generalitat de Catalunya, License 1683/2009 Leadership and Management Skills, CEHAT, License F20090038-48-19343 Storm water / SWPPP & SPCC Training Certificate, WSource Group

PROFESSIONAL EXPERIENCE

2010 – 2012	FLEET IN, Spain / Panama	Ship broker, vessel chartering.
2012 – Present	SC Line S.A. Panama	Trade & Marketing Manager, VOCC RoRo carrier
2013 – Present	FAST TERMINAL, Corp.	CEO, corporate RoRo port terminal specialized light processing facility (applied for Franchised Cargo Handler at Port Everglades, FI)
2013 – Present	FAST TERMINAL Santa Marta	CEO, Free Zone and RoRo specialized light processing facility.

LANGUAGES

Catalan	Native
Spanish	Native
English	Fluent
French	Basic, conversational

Section B

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



Detail by Entity Name

Florida Profit Corporation

FAST TERMINAL CORP

Filing Information

Document Number	P13000010913
FEI/EIN Number	46-1960648
Date Filed	02/01/2013
State	FL
Status	ACTIVE

Principal Address

8669 NW 36TH STREET, SUITE 335
DORAL, FL 33166

Changed: 12/09/2014

Mailing Address

8669 NW 36TH STREET, SUITE 335
DORAL, FL 33166

Registered Agent Name & Address

CHAPONICK, EVELYN
1470 NW 107 AVENUE, SUITE E
MIAMI, FL 33172

Officer/Director Detail

Name & Address

Title PSTD

SOLA MATAS, JOSE MARIA
8669 NW 36 Street
Suite 335
Miami, FL 33166

Title D

SOLA FREIXA, JOSE MARIA
8669 NW 36 Street
Suite 335
Miami, FL 33166

Annual Reports

Report Year	Filed Date
2014	04/30/2014
2015	01/07/2015

Document Images

01/07/2015 -- ANNUAL REPORT	View image in PDF format
04/30/2014 -- ANNUAL REPORT	View image in PDF format
02/01/2013 -- Domestic Profit	View image in PDF format

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State of Florida, Department of State

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of FAST TERMINAL CORP, a Florida corporation, filed on February 1, 2013, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H13000025690. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this corporation is P13000010913.

Authentication Code: 313A00002655-020413-P13000010913-1/1

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Fourth day of February, 2013



Ken Detzner
Ken Detzner
Secretary of State

850-617-6381

2/4/2013 11:51:45 AM PAGE 2/002 FAX DELIVER



February 4, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FAST TERMINAL CORP
5201 BLUE LAGOON DRIVE, 8TH FLOOR
MIAMI, FL 33126

The Articles of Incorporation for FAST TERMINAL CORP were filed on February 1, 2013, and assigned document number P13000010913. Please refer to this number whenever corresponding with this office.

Enclosed is the certification requested. To be official, the certification for a certified copy must be attached to the original document that was electronically submitted and filed under FAX audit number H13000025690.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. It is your responsibility to remember to file your annual report in a timely manner.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Contact the IRS at 1-800-829-4933 for an SS-4 form or go to www.irs.gov.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have questions regarding corporations, please contact this office at (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filings Section
Division of Corporations

Letter Number: 313A00002655

Section F

SECTION F – Applicant’s business history

Jose Maria Sola Matas

SC LINE S.A. since 2003 – A Vessel Operating Common Carrier (VOCC) registered with the U.S. Federal Maritime Commission (FMC) under Organization No. 023914. SC LINE is the only liner service registered in Panama & one of the youngest and most successful RoRo Liner Service in the Americas with annual revenue in the low to mid 8 figures. SC LINE maintains a fleet of 3 1/4 ramp vessels servicing the American continent on a bi-weekly basis from Baltimore to Zarate, Argentina, passing through Mexico, Panama, Colombia, Venezuela & Brazil. The group employs 50+ young and vibrant individuals with professional profiles ranging from Fleet Management, to Commercial, to Operations, and naturally with a strenuous focus on presenting sound solutions to our client’s supply chain nodes. During the last 5 years the group has maintained an average growth (revenue tons) of 15% year over year. With full commercial and operational offices in Panama City, Panama (Corporate headquarters); Mexico City, Mexico; Bogota & Cartagena, Colombia; as well as Miami, FL. US.

FLEET IN, since 2003 – Vessel chartering (Rolo, LoLo, RoRo) and fleet management business unit based in Barcelona, Spain. Fleet In is an industry leader in the highly competitive “spot-business”. Lean operation with business offices in Panama and Spain, Fleet In maintains a steady annual revenue in the high seven figures.

FAST TERMINAL INTERNATIONAL (formerly SC LINE – ZONA FRANCA), since 2012 – Free Zone, Terminal light RoRo processing facility. This is the first of its kind for the group, the original corporate RoRo port terminal specialized light processing facility. Developed in January 2012, features 3500,000 sqft of RoRo free zone facility at the heart of the secured Zona Franca de las Americas in Santa Marta, Colombia. This is a key supply chain solution for both Kenworth, Freightliner, Navistar, Mercedes Benz, Fiat, BMW, Alfa Romeo, Fruehauf trailers among other manufacturers. The HUB, located 5kmts away from the port of Santa Marta, where SC Line’s Mexico-Colombia RoRo trade lane vessels call on a semi-monthly basis. This is a corporate light processing facility for several trucking and automotive industry manufacturers. Similarly it serves as the storage and distribution center to Latin America for key European trucking industry manufacturers. The facility functions also as an end user’s new trucks retrieval center. Thus making it a unique special owners corner ownership experience which translates in brand loyalty and repeated sales particularly to small to medium truck fleet owners.

SC’s board recently voted and authorized for the purpose of differentiating RoRo land Terminal from ocean liner services; and desirous of further enhancing both the commercial, brand development and awareness of land services the name change from SC LINE Zona Franca to FAST TERMINAL Santa Marta. This recent development goes hand in hand with the acquisition by the group of two terminal light processing facilities in the West Coast Mexican port of

SECTION F – Applicant’s business history

Manzanillo, Colima. Primarily focused on serving as the port inventory management RoRo truck processing facility for Kenworth, Navistar and two other leading manufacturers.

FAST TERMINAL, Corp., since 2013. Fast Terminal, Corp. is a Marine Terminal Operator registered with the U.S. Federal Maritime Commission (FMC) under Organization No. 025242. We go beyond logistics as a Cargo Handler, Port Terminal, specialized RoRo, light processing facility. We are C-TPAT certified / active participant of the partnership (private sector – government) against terrorism & homeland protection initiative. The business unit concept stems both from the success of SC LINE ZF S.A.S Santa Marta, as well as the intrinsic need to provide a RoRo specialized land operations unit which can effectively support SC LINE S.A.’s liner service growth in South Florida. With properties throughout the Americas in Mexico, Colombia & the US, Fast Terminal meets the needs of the automotive, trucking and heavy equipment industries in the area of logistics.

EUDORA Tankers, since 2013. Marine bunker supply and bunker transportation company. Member of the board of directors, actively involved in the consolidation and development of additional sources of revenue for the business unit.

The above are some of the most representative business concepts put in motion and developed by and under the leadership of Jose Maria Sola Matas, a junior in age; but not in courage, persuasion, creativity and resources.

Section G

Section G

1.

Executive Management

Jose Maria Sola Freixas

Jose Maria Sola Matas

Managerial Employees

Ariel Hernandez

Ignacio Sola

Supervisor / Pt Captain

Ariel Hernandez

2.

Jose Maria Sola Freixas

1973 – 1990	MUTUA GENERAL, Spain.	Attorney & Adjunct Director General
1984 – 1990	ESADE Foundation, Spain intelligence think tank	Member. Catalunya's leading business
1994 – 1998	ANSAT , Spain association	President, Audi, Seat, VW, Skoda dealership
1994 – 1998	FACONAUTO, Spain dealership association	Vice President, Spain's main automotive
1990 – 2000	GRUPO MISTRAL, Spain Distribution. Spains 3 rd leading raking automotive dealership	Mistral Group. Automotive Dealership and
2000 – Present	GRUPO LETAMENDI, Spain Skoda, VW automotive support group	Majority stock holder. Barcelona's leading Audi,
2000 – Present	SC LINE S.A., Panama	President. VOCC RoRo carrier
2000 – Present	SCLINE USA, CORP. Miami, Fl.	President. Commercial and operational VOCC's support entity.

2012 – Present SC LINE COLOMBIA, S.A.S. Legal Representative. SC Line's cargo agency and commercial development arm in Colombia .

2012 – Present SC LINE ZF, S.A.S**. Colombia Legal Representative. Free Zone and light RoRo processing facility at Zona Franca de las Americas.

**Legal name change, Sept 2013, to FAST TERMINAL Santa Marta

2013 – Present FAST TERMINAL, Corp. Stock holder & Member of the Board. Corporate RoRo port terminal specialized light processing facility (applied for Franchised Cargo Handler at Port Everglades, Fl)

Jose Maria Sola Matas

2006 – 2008 SC LINE S.A., Panama Commercial Manager

2008 – Present SC LINE S.A., Panama CEO, VOCC RoRo carrier

2009 – Present FLEET IN, Spain / Panama Commercial Director, vessel chartering.

2012 – Present FAST TERMINAL, Corp. President, Member of the Board, corporate RoRo port terminal specialized light processing facility (applied for Franchised Cargo Handler at Port Everglades, Fl)

2013 – Present EUDORA TANKERS, Panama Member of the Board. Marine bunker supply and bunker transportation company

Ignacio Sola

2010 – 2012 FLEET IN, Spain / Panama Ship broker, vessel chartering.

2012 – Present SC Line S.A. Panama Trade & Marketing Manager, VOCC RoRo carrier

2013 – Present FAST TERMINAL, Corp. CEO, corporate RoRo port terminal specialized light processing facility (applied for Franchised Cargo Handler at Port Everglades, Fl)

2013 – Present FAST TERMINAL Santa Marta CEO, Free Zone and RoRo specialized light processing facility.

Ariel Hernandez

2002 – 2008 CELIMAR, Panama Purchasing Manager and Port Captain, Ship Owner / Ship Operator.

2009 – 2011 AAR, Corp., Miami, Fl. Aircraft Mechanic at MIA, Aircraft maintenance, repair and overhaul company.

2012 – Present SC LINE S.A. Panama Port Captain @ Pt Everglades, Fl., VOCC RoRo carrier

2013 – Present FAST TERMINAL, Corp. COO, corporate RoRo port terminal specialized
light processing facility (applied for Franchised Cargo Handler at Port Everglades, FL)

Section J



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/08/2014

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 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).

PRODUCER Insurance Consulting Group 799 Brickell Plaza Suite 600 Miami FL 33131		CONTACT NAME: Katherine Beltran PHONE (A/C, No, Ext): (305) 347-5651 FAX (A/C, No): (305) 347-5776 E-MAIL ADDRESS: katb@insurancecog.com	
INSURED Fast Terminal Corp. 8669 NW 36th Street Suite 335 Doral FL 33166		INSURER(S) AFFORDING COVERAGE INSURER A: TT CLUB Mutual Insurance Ltd INSURER B: Wesco Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1481200350 **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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		55555/2014/001	8/15/2014	8/15/2015	EACH OCCURRENCE	\$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$		WVC3091421	05/01/2014	05/01/2015	WC STATU-TORY LIMITS OTH-ER	EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A					E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	ERRORS & OMISSIONS		55555/2014/001	08/15/2014	08/15/2015	\$250,000/\$5,000 DEDUCTIBLE	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate Holder: Broward County- ATTN: Port Everglades Dept named as Additional Insured (A) Third Party Liability \$2,000,000/\$5,000 ded, Fines & Duty \$1,000,000/\$5,000ded, Cost and Discretionary insurance \$2,000,000/NIL Ded each, Customer's property \$2,000,000/\$15,000 ded. (A) Pollution Control/Clean-up is included within the policy limits. (Policy General Provision G1:9.0). (B) Worker's Compensation includes USL+H

CERTIFICATE HOLDER Broward County ATTN: Port Everglades Department 1850 Eller Drive Fort Lauderdale, FL 33316	CANCELLATION 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 Nestor Rodriguez/KAT
--	--

SECTION K

APPLICANT'S FINANCIAL DOCUMENTS TO BE REVIEWED BY

PORT EVERGLADES FINANCE DIVISION

Section L

SECTION L – Four (4) Credit References for the Applicant

Name of Reference HSBC Nature of Business Global Comm Bank
Contact Name Mrs. Mee Wong Title VicePresident Corp. Accts
Legal Business Street Address 4090 NW 97Avenue
City, State, Zip Code Doral, Fl. 33178
Phone Number (786)281-1281 / (786)221-4718

Name of Reference ICG Nature of Business Risk Management Co.
Contact Name Nestor Rodriguez Title President
Legal Business Street Address 799 Brickell Plaza, 6th Floor
City, State, Zip Code Miami, Fl. 33131
Phone Number (305)347-5651 / (305)32-5010

Name of Reference TAL International (Former Martec Leasing) Nature of Business Terminal
Equipment
Contact Name Annia Mierzejewska Title Director of Sales and Leasing
Legal Business Street Address 20 Commerce Drive, Suite 240
City, State, Zip Code Cranford , NJ. 07016
Phone Number (908) 709-5214 / (908)721-8846

Name of Reference O&J Nature of Business Ground Transportation Co.
Contact Name Yenly Sosa Title Vice President
Legal Business Street Address 2801 E 11 Ave
City, State, Zip Code Hialeah, Fl. 33013
Phone Number (786)518-3550 /

Name of Reference TRITON CONTAINERS Nature of Business Equipment Leasing Co.
Contact Name Federico Diago Title VP Marketing Central & South Amer
Legal Business Street Address 5201 Blue Lagoon Drive. Suite 800
City, State, Zip Code Miami, Fl. 33126
Phone Number (305)718-3350 / (305)987-7893

Section N

Section N

1. Brief equipment description list
 - a. 15, year 2008 or younger 40' MAFI trailers, with load capacities ranging from 60, 80 and 100 metric tons.
 - b. 1, 2010 36MT Goose neck attachment for MAFI trailers.
 - c. 10,000 automobile 2T lashing straps, 75 grade 70, 3/8" chains and binders.
 - d. 1 x 20' storage box for lashing, bracing and spill control material
 - e. 15MT 21' x 9' four corners hook tailor made spreader
 - f. Fast Terminal has established a progressive business memorandum of understanding with Portus to gradually phase out the current terminal equipment requirements with its own or leased lift equipment (listed below). This will process will be contingent upon several landmarks, among them, franchise development, equipment certification, business consolidation as well as business cost of opportunity. Please refer to Section R for additional business development explanation.
 - i. 1 long forks pneumatic tires, LNG, two stage, 6,000Lbs fork lift (March 2014)
 - ii. 1 Long forks pneumatic tires, diesel, two stage, 30,000Lbs fork lift (June 2014)
 - iii. 1 Loaded containers, diesel, 90,000Lbs top pick (November 2014)
 - iv. 2 Capacity yard mules (November 2014)
 - v. 1 Terberg 4x4 terminal RoRo tractor (Jan 2015)
2. Diesel, LNG
3. All items described on section N, numeral 1, letters a, b, c, d, e

8/12/2014

image.jpeg

Section O

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT
115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 - 954-831-4000
VALID OCTOBER 1, 2014 THROUGH SEPTEMBER 30, 2015

DBA: **FAST TERMINAL, CORP** Receipt #: **129-257038**
Business Name: **FAST TERMINAL, CORP** Business Type: **ALL OTHERS (CARGO HANDLER)**

Owner Name: **JOSE MARIA SOLA MATAS/ JOSE MARIA SOLA** Business Opened: **02/01/2013**
Business Location: **4200 MCINTOSH RD** State/County/Cert/Reg:
FT LAUDERDALE Exemption Code:
Business Phone: **954-467-0670**

Roofing	Seats	Employees	Machines	Professionals

Number of Machines:			Vending Type:			
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	0.00	0.00	0.00	0.00	0.00	33.00

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:
JOSE MARIA SOLA MATAS/JOSE MARIA S
8669 NW 36 ST #335
DORAL, FL 33166

Receipt # **9909-13-00116100**
Paid 04/04/2014 31.00

2014 - 2015
2013 - 2014
2012 - 2013

Section P

WORKPLACE SAFETY PROGRAM

On the Job Safety Culture and Training Quiz

The following scenarios bring forth key tools on our daily conduct to positively reinforce a culture of awareness and safety. This applies to both receiving, walking about, loading, lashing, climbing, signaling, among others, but more importantly they instill accountability and reinforced feed-back for the betterment of the Cargo Handler operation

THREE POINT CONTACT

Is almost lunch time, a new retrieval order comes in. Clerk or operator rushes along with system data tablet, forgetting to retrieve tablet's satchel. Clerk climbs onto excavator, one hand on the tablet, the other on the handle bar.

Always think before act

Ask, Am I doing this task correctly?

What are the chances of slipping for lack of a proper grip?

Could I injure myself or put someone else at risk?

Then think about this scenario with you as an observer.

How would you like to be made aware about such risk behavior?

Would you look elsewhere to avoid getting involved? If yes, Why?

How would you feel pointing out such risk to your co-worker?

LACK OF SAFETY EQUIPMENT on the SITE

At about 10 am on a very sunny morning, whilst you're receiving a group of XYZ automobiles for export, a group of client visitors are walking about the receiving area and outside the secured area. They approach you to observe your data input and pictures as it happens of one of their XYZ vehicles you're receiving. You notice that though they're wearing a reflective safety vest, they're not wearing a hard hat, and so are you!

Always think before act

Ask, Am I doing this task correctly? Am I wearing all the safety gear to perform my job?

What are the chances of getting hurt as a result of missing one piece of my safety gear?



Could I injure myself or put someone else at risk?

Then think about this scenario with you as an observer.

How would you like to be made aware about such risk behavior?

Would you look elsewhere to avoid getting involved? If yes, Why?

How would you feel pointing out such risk to your co-worker?

EQUIPMENT NOT PROPERLY BRACED OR BLOCKED

It is 5 past 5 in the afternoon, the terminal closed since 5pm, you are getting changed and ready to go home. You notice your friend and coworker stowing a 5 chassis bundle to the left of a brand new 43' yacht you both received for export earlier that day; and remember that the bundle arrived somewhat tilted to the right as one of the wooden blocks might have shifted during the trip to the terminal. You know your friend has a temper and frankly it's been a hectic and truly long day; but then again you recall the risk of this type of bundles and that 5 chassis tilting incident which almost cost that clerk, the stocky one's life back then.

Always think before act

Is he doing that task correctly? Is he taking safety stowage of this unit while performing his job?

What are the chances of that 5 bundle chassis tilting and possibly damaging that nice yacht?

Besides this possible accident, could this put someone including my-self at risk?

Then think about this scenario with you as an observer.

How would you like to be made aware about such risk behavior?

Would you look elsewhere to avoid getting involved? If yes, Why?

How would you feel pointing out such risk to your co-worker?

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Reflective and tangle free with pockets, safety vest

Steel toe safety boots

Sunglasses or goggles

Safety Gloves

Long sleeve light or white shirts

Heavy duty short or long pants

Hard hat with reflective lines

Tablet satchel strap and radio or telecommunication device

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Section 1

MANAGEMENT COMMITMENT AND INVOLVEMENT

Policy Statement

The management of this organization is committed to providing employees with a safe and healthful workplace. It is the policy of this organization that employees report unsafe conditions and do not perform work tasks if the work is considered unsafe. Employees must report all accidents, injuries and unsafe conditions to their supervisors. Such reports will not result in retaliation, penalty or other disincentive.

Employee recommendations to improve safety and health conditions will be given thorough consideration by our management team. Management will give top priority to and provide the financial resources for the correction of unsafe conditions. Similarly, management will take disciplinary action against an employee who willfully or repeatedly violates workplace safety rules. This action may include verbal or written reprimands and may ultimately result in termination of employment.

The primary responsibility for the coordination, implementation and maintenance of our workplace safety program has been assigned to:

Name: Yudith Lamorena

Title: Operations Supervisor Telephone: 305-261-1200

Senior management will be actively involved with employees in establishing and maintaining an effective safety program. Our safety program coordinator, myself or other members of our management team will participate with you or your department's employee representative in ongoing safety and health program activities, which include:

- Promoting safety committee participation;
- Providing safety and health education and training; and
- Reviewing and updating workplace safety rules.

This policy statement serves to express management's commitment to and involvement in providing our employees a safe and healthful workplace. This workplace safety program will be incorporated as the standard of practice for this organization. Compliance with the safety rules will be required of all employees as a condition of employment.



Signature of CEO/President



Date

Section 2
SAFETY COMMITTEE

Safety Committee Organization

A safety coordinator or a safety committee has been established to recommend improvements to our workplace safety program and to identify corrective measures needed to eliminate or control recognized safety and health hazards. The safety committee consists of an “equal” representation of supervisory and nonsupervisory members of our organization.

Safety Program Coordinator <u>Yudit Lamorena - FT</u>	Nonsupervisory Employee Member <u>Clerk 1 - PTS</u>
Supervisory Employee Member <u>Ariel Hernandez - FT</u>	Nonsupervisory Employee Member <u>Clerk 2 - PTS</u>
Supervisory Employee Member _____	Nonsupervisory Employee Member <u>Clerk 3 - PTS</u>

Responsibilities

In a very small company, a Safety Coordinator can be appointed as the responsible party to satisfy the committee requirements for the credit.

The safety committee shall determine the schedule for evaluating the effectiveness of control measures used to protect employees from safety and health hazards in the workplace.

The safety committee will be responsible for assisting management in reviewing and updating workplace safety rules based on accident investigation findings, any inspection findings, and employee reports of unsafe conditions or work practices; and accepting and addressing anonymous complaints and suggestions from employees.

The safety committee will be responsible for assisting management in updating the workplace safety program by evaluating employee injury and accident records, identifying trends and patterns, and formulating corrective measures to prevent recurrence.

The safety committee will be responsible for assisting management in evaluating employee accident-and illness-prevention programs, and promoting safety and health awareness and co-worker participation through continuous improvements to the workplace safety program.

Safety committee members will participate in safety training and will be responsible for assisting management in monitoring workplace safety education and training to ensure that it is in place, that it is effective, and that it is documented.

Meetings

Safety committee meetings are held quarterly, or more often if needed. The safety program coordinator will post the minutes of each meeting (see following page) within one week after each meeting.

SAFETY COMMITTEE MEETING MINUTES

Date of Committee Meeting: _____ Time: _____

Minutes Prepared by: _____ Location: _____

Names of Members in Attendance:

Previous Action Items: _____

Review of Accidents Since Previous Meeting: _____

Recommendations for Prevention: _____

Recommendations from Anonymous Employees: _____

Suggestions from Employees: _____

Recommended Updates to Safety Program: _____

Recommendations from Accident Investigation Reports: _____

Safety Training Recommendations: _____

Comments: _____

Section 3

SAFETY AND HEALTH TRAINING

Safety and Health Orientation

Workplace safety and health orientation begins on the first day of initial employment or job transfer. Each employee has access to a copy of this safety manual, through his or her supervisor, for review and future reference, and each employee will be given a personal copy of the safety rules, policies and procedures pertaining to his or her job. Supervisors will ask questions of employees and answer employees' questions to ensure knowledge and understanding of safety rules, policies and job-specific procedures described in our workplace safety program manual.

All employees will be instructed by their supervisors that compliance with the safety rules described in the workplace safety manual is required.

All training should be documented and records should be maintained.

Job-Specific Training

- Supervisors will initially train employees on how to perform assigned job tasks safely.
- Supervisors will carefully review with each employee the specific safety rules, policies and procedures that are applicable and that are described in the workplace safety manual.
- Supervisors will give employees verbal instructions and specific directions on how to do the work safely.
- Supervisors will observe employees performing the work. If necessary, the supervisor will provide a demonstration using safe work practices or remedial instruction to correct training deficiencies before an employee is permitted to do the work without supervision.
- All employees will receive safe operating instructions on seldom-used or new equipment before using the equipment.
- Supervisors will review safe work practices with employees before permitting the performance of new, nonroutine or specialized procedures.

Periodic Retraining of Employees

All employees will be retrained periodically on safety rules, policies and procedures, and when changes are made to the workplace safety manual.

Individual employees will be retrained after the occurrence of a work-related injury caused by an unsafe act or work practice, and when a supervisor observes employees displaying unsafe acts, practices or behaviors.

SAFETY TRAINING DOCUMENTATION

EMPLOYEE:

DATE:

SUPERVISOR:

TRAINER:

RULES AND REGULATIONS REVIEWED

DATE: _____

- General Review Of Old/New (Circle One) Safety Rules For All Employees
- Specific Safety Procedures for Employees Position
- General Maintenance
- First Aid
- Lifting Procedures
- Office Safety
- Furniture Use
- Equipment Use
- Climbing a Step Ladder
- Sanitation / Health

All categories have been reviewed with employee.

Supervisor Name, Printed:

Signature: _____

I have been advised of all Safety and Health regulations and will adhere to them to the best of my ability.

Employee Name, Printed:

Signature: _____

Section 4 SAFETY INSPECTIONS

It is up to all employees to maintain safe working conditions.

Checklists for safety inspections ensure that important items are not overlooked. Inspections identify areas of risk. (accident and/or injury)

OSHA *recommends* general workplace inspections; but, certain inspections are *required*. Be sure to check the standards to know what you must do in your facility.

Safety Directors/Supervisors should continually monitor work areas but scheduled inspections should be documented and done on a regular basis. Written reports of these inspections should be made and kept on file.

Management should make periodic inspections, announced and unannounced.

Vendors and organizations can supply inspection checklists. On the OSHA website (www.osha.gov), go to Safety and Health Topics under Small Business Training, and you will find extensive self-inspection checklists.

The following *suggestions* of generic checklists may assist you in creating your own. Be sure to mention the date, time, facility, and inspector and giving satisfactory, unsatisfactory, and “not applicable” columns.

Doors	Personnel Training
Windows	Stairs
Walking – Working Surfaces	Personal Protective Equipment
Lighting	Flammable & Combustible Materials
Fire Hazards	Hand and Portable Powered Tools
Electrical Boxes	Lockout/Tagout Procedures
Flammable Liquids	Confined Spaces
Emergency Exits:	Hazard Communication
Marked Properly	Electrical
Unobstructed	Building and Grounds Conditions
First Aid Kits, Supplies	Housekeeping Program
Fire Extinguishers	Heating and Ventilation
Accessible	Required OSHA Recordkeeping
Charged	Safety & Health Programs
Required Posters	Your Specific Work Environment

Section 5 PREVENTIVE MAINTENANCE

Preventive maintenance programs will avoid most equipment failures. Provide regular equipment maintenance to prevent breakdowns that can create hazards.

Preventive maintenance is a schedule of planned inspections to prevent breakdowns and failures before they happen. Inspections should be performed at regularly scheduled times.

Preventive and regular maintenance should be documented, and tracked to completion.

During preventive maintenance, workers can document damage or wearing of parts or equipment so as to repair or replace parts *before* they cause a failure or injuries.

Without a preventive maintenance program, you will lose productivity, and costs will escalate.

Section 6 FIRST-AID PROCEDURES

Emergency Phone Numbers

Safety Coordinator: 305-261-1200

Poison Control: 800-222-1222

First Aid Response: 954-359-9900

Fire Department: 954-828-6800

Ambulance: 954-359-9900

Police: 954-765-4321

Medical Clinic: 954-624-2991

Clinic Name/Address: Memorial Regional Hospital

Minor First-Aid Treatment

First-aid kits are kept in the front office and in the service vehicles. If you sustain an injury or are involved in an accident requiring minor first-aid treatment:

- Inform your supervisor.
- Administer first-aid treatment to the injury or wound.
- If a first-aid kit is used, indicate usage on the accident investigation report.
- Access to a first-aid kit is not intended to be a substitute for medical attention.
- Provide details for the completion of the accident investigation report.

Nonemergency Medical Treatment

For nonemergency work-related injuries requiring professional medical assistance, management must first authorize treatment. If you sustain an injury requiring treatment other than first aid:

- Inform your supervisor.
- Proceed to the posted medical facility. Your supervisor will assist with transportation, if necessary.
- Provide details for the completion of the accident investigation report.

Emergency Medical Treatment

If you sustain a severe injury requiring emergency treatment:

- Call for help and seek assistance from a co-worker.
- Use the emergency telephone numbers and instructions posted on the first-aid kit to request assistance and transportation to the local hospital emergency room.
- Provide details for the completion of the accident investigation report.

First-Aid Training

Each employee will receive training and instructions from his or her supervisor regarding our first-aid procedures.

FIRST-AID INSTRUCTIONS

In all cases requiring emergency medical treatment, immediately call or have a co-worker call to request emergency medical assistance. Use required bloodborne pathogen procedures while administering first aid.

Wounds:

Minor: *Cuts, lacerations, abrasions or punctures*

- Wash the wound using soap and water; rinse it well.
- Cover the wound using a clean dressing.

Major: *Large, deep and bleeding wounds*

- Stop the bleeding by pressing directly on the wound, using a bandage or cloth.
- Keep pressure on the wound until medical help arrives.

Broken Bones:

- Do not move the victim unless it is absolutely necessary.
- If the victim must be moved, "splint" the injured area. Use a board, cardboard or rolled newspaper as a splint.

Burns:

Thermal (Heat)

- Rinse the burned area without scrubbing it, and immerse it in cold water.
Do not use ice water.
- Blot dry the area and cover it using sterile gauze or a clean cloth.

Chemical

- Immediately flush the exposed area with cool water for 15 to 20 minutes.

Eye Injury:

Small particles

- Do not rub your eyes.
- Use the corner of a soft clean cloth to draw particles out, or hold the eyelids open and flush the eyes continuously with water.

Large or stuck particles

- If a particle is stuck in the eye, do not attempt to remove it.
- Cover both eyes with a bandage.

Chemical

- Immediately irrigate the eyes and under the eyelids with water for 30 minutes.

Neck or Spine Injury:

- If the victim appears to have injured his or her neck or spine, or is unable to move his or her arm or leg, do not attempt to move the victim unless it is absolutely necessary.

Heat Exhaustion:

- Loosen the victim's tight clothing.
- Give the victim *sips* of cool water.
- Make the victim lie down in a cooler place with the feet raised.

Section 7 ACCIDENT INVESTIGATION

Accident Investigation Procedures

An accident investigation will be performed by the supervisor at the location where the accident occurred. The safety coordinator is responsible for seeing that the accident investigation reports are being filled out completely and that the recommendations are being addressed. Supervisors will investigate all accidents, injuries and occupational diseases using the following investigation procedures:

- Implement temporary control measures to prevent any further injuries to employees.
- Review the equipment, operations and processes to gain an understanding of the accident situation.
- Identify and interview each witness and any other person who might provide clues to the accident's causes.
- Investigate causal conditions and unsafe acts; make conclusions based on existing facts.
- Complete the accident investigation report.
- Provide recommendations for corrective actions.
- Indicate the need for additional or remedial safety training.

Accident investigation reports must be submitted to the safety coordinator within 24 hours of the accident.

OSHA requires employers to report any/all of the following within 8 hours of the incident:

- ◆ **Fatalities**
- ◆ **A single incident which requires hospitalization of 3 or more employees**

OSHA CENTRAL TELEPHONE NUMBER: 1-800-321-6742

ACCIDENT INVESTIGATION REPORT

Report No.: _____

Company: _____

Address: _____

1. Name of injured: _____ S.S. No.: _____
2. Sex: M F Age: _____ Date of accident: _____
3. Time of accident: _____ a.m. _____ p.m. Day of accident: _____
4. Employee's job title: _____
5. Length of experience on job: _____ years: _____ months
6. Address of location where the accident occurred: _____
7. Nature of injury, injury type, and part of the body affected: _____
8. Describe the accident and how it occurred: _____
9. Cause of the accident: _____
10. Was personal protective equipment required? yes no
Was it provided? yes no
Was it being used? yes no
If "no," explain: _____
Was it being used as trained by supervisor or designated trainer? yes no
If "no," explain: _____
11. Witness(es): _____
12. Was safety training provided to the injured? yes no
If "no," explain: _____
13. Interim corrective actions taken to prevent recurrence: _____
14. Permanent corrective action recommended to prevent recurrence: _____
15. Date of report: _____ , _____ 20____
Prepared by: _____

Supervisor (Signature): _____ Date: _____

16. Status and follow-up action taken by safety coordinator: _____

Safety Coordinator (Signature) _____ Date _____

INSTRUCTIONS FOR COMPLETING THE ACCIDENT INVESTIGATION REPORT

An accident investigation is not designed to find fault or place blame, but it is an analysis of the accident to determine causes that can be controlled or eliminated.

- (Items 1-6) Identification:** This section is self-explanatory.
- (Item 7) Nature of Injury:** Describe the injury, e.g., strain, sprain, cut, burn, fracture.
Injury Type: First aid—injury resulted in minor injury/treated on premises; Medical—injury treated off premises by physician; Lost time—injured missed more than one day of work; No Injury—no injury, near-miss type of incident.
Part of the Body: Part of the body directly affected, e.g., foot, arm, hand, head.
- (Item 8) Describe the accident:** Describe the accident, including exactly what happened, and where and how it happened. Describe the equipment or materials involved.
- (Item 9) Cause of the accident:** Describe all conditions or acts which contributed to the accident, e.g.—
- a. unsafe conditions (spills, grease on the floor, poor housekeeping or other physical conditions).
 - b. unsafe acts (unsafe work practices such as failure to warn, failure to use required personal protective equipment).
- (Item 10) Personal protective equipment:** This section is self-explanatory.
- (Item 11) Witness(es):** List name(s), address(es), and phone number(s).
- (Item 12) Safety training provided:** Was any safety training provided to the injured relating to the work activity being performed?
- (Item 13) Interim corrective action:** Measures taken by supervisor to prevent recurrence of incident, e.g., barricading accident area, posting warning signs, shutting down operations.
- (Item 14):** This section is self-explanatory.
- (Item 15):** This section is self-explanatory.
- (Item 16) Follow-up:** Once the investigation is complete, the safety coordinator shall review and follow up the investigation to ensure that corrective

Section 8 RECORDKEEPING PROCEDURES

The safety coordinator will control and maintain all employee accident and injury records. Records are maintained for a minimum of five (5) years and include:

- Accident Investigation Reports, see Section 7, page 17
- Workers' Compensation First Report of Injury or Illness
- Log and Summary of Occupational Injuries and Illnesses as required by OSHA's Recordkeeping Regulation, 29 CFR 1904.2:
 - OSHA Form 300 (Rev. 1-2004): Log of Work Related Injuries and Illnesses
 - OSHA Form 300A (Rev. 1-2004): Summary of Work Related Injuries and Illnesses
 - OSHA Form 301: Injury and Illness Incident Report

For certain business classes, Federal OSHA provides for an exemption from accident record keeping requirements. For a current list of business classes that may be exempt from this requirement, please visit the following website: www.osha.gov. Go to the "Recordkeeping" link, and then the "Partially Exempt Industries" link in the middle of the page.

Note: Individual state-specific accident record keeping requirements may exist for certain states. In such a case the above exemption does not apply. Please contact your state OSHA office (if applicable) for clarification.

Section 9
SAFETY RULES, POLICIES AND PROCEDURES

The safety rules contained on these pages have been prepared to protect you in your daily work. Employees are to follow these rules, review them often and use good common sense in carrying out assigned duties.

These safety rules shall include both general workplace safety rules and job-specific safety rules.

General Rules:

All Employees

Job-Specific Rules:

By Occupational Class, e.g., painter, clerk, carpenter, etc.

(Note to Employer: General and job-specific safety rules are to be determined based on the needs and exposures of your particular company and its employees. The following pages represent some common examples.)

ALL EMPLOYEES

Housekeeping

1. Use caution signs/cones to barricade slippery areas.
2. Do not store or leave items on stairways.
3. Return tools to their storage places after using them.
4. Do not block or obstruct stairwells, exits or accesses to safety and emergency equipment such as fire extinguishers or fire alarms.
5. Do not place materials such as boxes or trash in walkways and passageways.
6. Do not use gasoline for cleaning purposes.
7. Mop up water around water fountains, drink machines and ice machines.

Lifting Procedures

General

1. Test the weight of the load before lifting by pushing the load along its resting surface.
2. If the load is too heavy or bulky, use lifting and carrying aids such as hand trucks, dollies, pallet jacks and carts, or get assistance from a co-worker.
3. Never lift anything if your hands are greasy or wet.
4. Wear protective gloves when lifting objects with sharp corners or jagged edges.

When lifting—

1. Face the load.
2. Position your feet 6"-12" apart with one foot slightly in front of the other.
3. Bend at the knees, not at the back.
4. Keep your back straight.
5. Get a firm grip on the object using your hands and fingers. Use handles when they are present.
6. Hold the object as close to your body as possible.
7. Perform lifting movements smoothly and gradually; do not jerk the load.
8. If you must change direction while lifting or carrying the load, pivot your feet and turn your entire body. Do not twist at the waist.
9. Set down objects in the same manner as you picked them up, except in reverse.
10. Do not lift an object from the floor to a level above your waist in one motion. Set the load down on a table or bench and then adjust your grip before lifting it higher.

ALL EMPLOYEES

Ladders and Stepladders

1. Read and follow the manufacturer's instruction label affixed to the ladder if you are unsure how to use the ladder.
2. Do not use ladders that have loose rungs, cracked or split side rails, missing rubber foot pads, or other visible damage.
3. Keep ladder rungs clean and free of grease. Remove buildup of material such as dirt or mud.
4. When performing work from a ladder, face the ladder and do not lean backward or sideways from the ladder.
5. Allow only one person on the ladder at a time.
6. Do not stand on the top two rungs of any ladder.
7. Do not stand on a ladder that wobbles or leans to the left or right of center or is crooked.
8. Do not try to "walk" a ladder by rocking it. Climb down the ladder and then move it.

Climbing a Ladder

1. Face the ladder when climbing up or down it.
2. Do not carry items in your hands while climbing up or down a ladder.
3. Maintain a three-point contact by keeping both hands and one foot or both feet and one hand on the ladder at all times when climbing up or down the ladder.

Driving/Vehicle Safety

Fueling Vehicles

1. Turn the vehicle off before fueling.
2. Do not smoke while fueling a vehicle.
3. Wash hands with soap and water if you spill gasoline on them.

Driving Rules

1. Shut all doors and fasten your seat belt before moving the vehicle.
2. Obey traffic patterns and signs at all times.
3. Maintain a three-point contact using both hands and one foot or both feet and one hand when climbing into and out of vehicles.
4. Do not leave keys in an unattended vehicle.

OFFICE PERSONNEL

Office Safety

General

1. Do not place material such as boxes or trash in walkways and passageways.
2. Do not throw matches, cigarettes or other smoking materials into trash baskets.
3. Do not kick objects out of your pathway; pick them up or push them out of the way.
4. Keep floors clear of items such as paper clips, pencils, tacks or staples.
5. Straighten or remove rugs and mats that do not lie flat on the floor.
6. Mop up water around water fountains and drink machines.
7. Do not block your view by carrying large or bulky items; use a dolly or hand truck or get assistance from a fellow employee.
8. Store sharp objects, such as pens, pencils, letter openers or scissors, in drawers or with the points down in a container.
9. Carry pencils, scissors and other sharp objects with the tips pointing down.
10. Use the ladder or step stool to retrieve or store items that are located above your head.
11. Do not run on stairs or take more than one step at a time.
12. Keep doors in hallways fully open or fully closed.
13. Use handrails when ascending or descending stairs or ramps.
14. Obey all posted safety and danger signs.

Furniture Use

1. Open only one file cabinet drawer at a time. Close the filing cabinet drawer you were working in before opening another filing drawer in the same cabinet.
2. Use the handle when closing doors, drawers and files.
3. Put heavy files in the bottom drawers of file cabinets.
4. Do not tilt your chair on its back two legs while you are sitting in it.
5. Do not stand on furniture to reach high places.

Equipment Use

1. Do not use fans that have excessive vibration, frayed cords or missing guards.
2. Do not place floor-type fans in walkways, aisles or doorways.
3. Do not plug multiple electrical cords into a single outlet.
4. Do not use extension or power cords that have the ground prong removed or broken off.
5. Do not use frayed, cut or cracked electrical cords.
6. Use a cord cover or tape down cords when running them across aisles, between desks or across entrances or exits.
7. Turn the power switch of the local exhaust fans to "ON" when operating the blueprint machine.
8. Do not use lighting fluid to clean drafting equipment; use soap and water.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Reflective and tangle free with pockets, safety vest

Steel toe safety boots

Sunglasses or goggles

Safety Gloves

Long sleeve light or white shirts

Heavy duty short or long pants

Hard hat with reflective lines

Tablet satchel strap and radio or telecommunication device

On the Job Safety Culture and Training Quiz

The following scenarios bring forth key tools on our daily conduct to positively reinforce a culture of awareness and safety. This applies to both receiving, walking about, loading, lashing, climbing, signaling, among others, but more importantly they instill accountability and reinforced feed-back for the betterment of the Cargo Handler operation

THREE POINT CONTACT

Is almost lunch time, a new retrieval order comes in. Clerk or operator rushes along with system data tablet, forgetting to retrieve tablet's satchel. Clerk climbs onto excavator, one hand on the tablet, the other on the handle bar.

Always think before act

Ask, Am I doing this task correctly?

What are the chances of slipping for lack of a proper grip?

Could I injure myself or put someone else at risk?

Then think about this scenario with you as an observer.

How would you like to be made aware about such risk behavior?

Would you look elsewhere to avoid getting involved? If yes, Why?

How would you feel pointing out such risk to your co-worker?

LACK OF SAFETY EQUIPMENT on the SITE

At about 10 am on a very sunny morning, whilst you're receiving a group of XYZ automobiles for export, a group of client visitors are walking about the receiving area and outside the secured area. They approach you to observe your data input and pictures as it happens of one of their XYZ vehicles you're receiving. You notice that though they're wearing a reflective safety vest, they're not wearing a hard hat, and so are you!

Always think before act

Ask, Am I doing this task correctly? Am I wearing all the safety gear to perform my job?

What are the chances of getting hurt as a result of missing one piece of my safety gear?

Could I injure myself or put someone else at risk?

Then think about this scenario with you as an observer.

How would you like to be made aware about such risk behavior?

Would you look elsewhere to avoid getting involved? If yes, Why?

How would you feel pointing out such risk to your co-worker?

EQUIPMENT NOT PROPERLY BRACED OR BLOCKED

It is 5 past 5 in the afternoon, the terminal closed since 5pm, you are getting changed and ready to go home. You notice your friend and coworker stowing a 5 chassis bundle to the left of a brand new 43' yatch you both received for export earlier that day; and remember that the bundle arrived somewhat tilted to the right as one of the wooden blocks might have shifted during the trip to the terminal. You know your friend has a temper and frankly it's been a hectic and truly long day; but then again you recall the risk of this type of bundles and that 5 chassis tilting incident which almost cost that clerk, the stocky one's life back then.

Always think before act

Is he doing that task correctly? Is he taking safety stowage of this unit while performing his job?

What are the chances of that 5 bundle chassis tilting and possibly damaging that nice yatch?

Besides this possible accident, could this put someone including my-self at risk?

Then think about this scenario with you as an observer.

How would you like to be made aware about such risk behavior?

Would you look elsewhere to avoid getting involved? If yes, Why?

How would you feel pointing out such risk to your co-worker?

INTRODUCTION

In compliance with the Drug-Free Workplace Act of 1988, **FAST TERMINAL** has a longstanding commitment to providing a safe, quality-oriented and productive work environment consistent with the standards of the community in which we operate. Alcohol and drug abuse pose a threat to the health and safety of **FAST TERMINAL** employees and to the security of our equipment and facilities. For these reasons, **FAST TERMINAL** is committed to the elimination of drug and/or alcohol use and abuse in the workplace.

This policy outlines the practice and procedure designed to correct instances of identified alcohol and/or drug use in the workplace. This policy continues to apply to all employees and all applicants for employment of **FAST TERMINAL**. The Human Resources Department is responsible for policy administration.

EMPLOYEE ASSISTANCE AND DRUG-FREE AWARENESS

Illegal drug use and alcohol misuse have a number of adverse health and safety consequences. Information about those consequences and sources of help for drug/alcohol problems is available from the Human Resources Department, who has been trained to make referrals and assist employees with drug/alcohol problems.

FAST TERMINAL will assist and support employees who voluntarily seek help for such problems before becoming subject to discipline and/or termination under this policy. Such employees will be allowed to use accrued paid time off, placed on leaves of absence, referred to treatment providers and otherwise accommodated as required by law. Such employees may be required to document that they are successfully following prescribed treatment and to take and pass follow-up tests if they hold jobs that are safety-sensitive or require driving, or have violated this policy previously. Once a drug test has been scheduled, the employee will have forfeited their right to be granted a leave of absence for treatment and possible discipline, up to and including discharge, will be unavoidable.

Employees should report to work fit for duty and free of any adverse effects of illegal drugs or alcohol. This policy does not prohibit employees from the lawful use and possession of prescribed medications. Employees must, however, consult with their doctors about the medications' effect on their fitness for duty and ability to work safely and promptly disclose any work restrictions to their supervisor. Employees should not, however, disclose underlying medical conditions unless directed to do so.

WORK RULES

1. Whenever employees are working, are operating any **FAST TERMINAL** vehicle, are present on **FAST TERMINAL** premises, or are conducting Company related work off-site, they are prohibited from:

- using, possessing, buying, selling, manufacturing or dispensing an illegal drug (to include possession of drug paraphernalia);
- being under the influence of alcohol or an illegal drug as defined in this policy; and
- possessing or consuming alcohol.

2. The presence of any detectable amount of any illegal drug or illegal controlled substance in an employee's body system, while performing company business or while in a company facility, is prohibited.

3. **FAST TERMINAL** will also not allow any employee to perform their duties while taking prescribed drugs that are adversely affecting the employee's ability to safely and effectively perform their job duties. Employees taking a prescribed medication must carry it in the container labeled by a licensed pharmacist or be prepared to produce this if asked.

4. Any illegal drugs or drug paraphernalia will be turned over to an appropriate law enforcement agency and may result in criminal prosecution.

REQUIRED TESTING

Pre-employment: All applicants must pass a drug test before beginning work or receiving an offer of employment. Refusal to submit to testing will result in disqualification of further employment consideration.

Reasonable Suspicion: Employees are subject to testing based upon (but not limited to) observations by the supervision of apparent workplace use, possession or impairment. Human Resources, the Plant Manager, or the Director of Operations shall be consulted before sending an employee for testing. All levels of supervision making this decision must utilize the "Observation Checklist" to document specific observations and behaviors that create a reasonable suspicion that the person is under the influence of illegal drugs and/or alcohol. If the results of the "Observation Checklist" indicate further action is justified, the manager/supervisor should confront the employee with the documentation and with a union representative present (for all unionized employees) and/or with another member of management (for all non-unionized employees). *Under no circumstances will the employee be allowed to drive himself or herself to the testing facility. A member of supervision/management and a union rep (if appropriate) must escort the employee; the supervisor/manager will make arrangements for the employee to be transported home.*

Post-accident: Employees are subject to testing when they cause or contribute to accidents that seriously damage a [Company Name] vehicle, machinery, equipment, or property and/or result in an injury to themselves or another employee requiring off-site medical attention. A probable belief circumstance will be presumed to arise in any instance involving a work-related accident or injury in which an employee who was operating a motorized vehicle (including, but not limited to, forklift, [Company Name] pickup truck, overhead cranes, aerial/man-lifts) is found to be responsible for causing the accident. In any of these instances, the investigation and subsequent testing must take place within two (2) hours following the accident, if not sooner. *Under no circumstances will the employee be allowed to drive himself or herself to the testing facility.*

Follow-up: Employees who have tested positive, or otherwise violated this policy, are subject to discipline, up to and including discharge. Depending upon the circumstances and the employee's work history/record, [Company Name] may offer an employee who violates this policy or tests positive the opportunity to return to work on a last chance basis pursuant to mutually agreeable terms, which could include follow-up drug testing at times and frequencies determined by [Company Name] for a minimum of one (1) year but not more than two (2) years as well as a waiver of the right to contest any termination resulting from a subsequent positive test. If the employee either does not complete their rehabilitation program or tests positive after

completing the rehabilitation program, they will be subject to immediate discharge from employment.

COLLECTION AND TESTING PROCEDURES

Employees subject to alcohol testing shall be driven to a [Company Name]designated facility and directed to provide breath specimens. Breath specimens shall be tested by trained technicians using federally approved breath alcohol testing devices capable of producing printed results that identify the employee. If an employee's breath alcohol concentration is .04 or more, a second breath specimen shall be tested approximately 20 minutes later. The results of the second test shall be determinative. Alcohol tests may, however, be a breath, blood or saliva test, at the Company's discretion. For purposes of this Policy, test results generated by law enforcement or medical providers may be considered by the Company as work rule violations.

Applicants and employees subject to drug testing shall be driven to a **FAST TERMINAL**designated medical facility and directed to provide urine specimens. Applicants and employees may provide specimens in private unless they appear to be submitting altered, adulterated or substitute specimens. Collected specimens shall be sent to a federally certified laboratory and tested for evidence of marijuana, cocaine, opiates, amphetamines, PCP, benzodiazepines, methadone, methaqualone and propoxphane use. (Where indicated, specimens may be tested for other illegal drugs.) The laboratory shall screen all specimens and confirm all positive screens. There shall be a chain of custody from the time specimens are collected through testing and storage.

The laboratory shall transmit all positive drug test results to a Medical Review Officer ("MRO") retained by **FAST TERMINAL**, who shall offer persons with positive results a reasonable opportunity to rebut or explain the results. Persons with positive test results may also ask the MRO to have their split specimen sent to another federally certified laboratory to be tested at the applicant's or employee's own expense. Such requests must be made within 72 hours of notice of test results. If the second facility fails to find any evidence of drug use in the split specimen, the employee or applicant will be treated as passing the test. In no event shall a positive test result be communicated to [Company Name] until such time that the MRO has confirmed the test to be positive.

CONSEQUENCES

Applicants who refuse to cooperate in a drug test or who test positive will not be hired and will not be allowed to re-apply/re-test in the future.

Employees who refuse to cooperate in required tests or who use, possess, buy, sell, manufacture or dispense an illegal drug in violation of this policy will be terminated. *If the employee refuses to be tested yet we believe they are impaired, under no circumstances will the employee be allowed to drive himself or herself home.*

The first time an employee tests positive for alcohol or illegal drug use under this policy, the result will be discipline up to and including discharge.

Employees will be paid for time spent in alcohol/drug testing and then suspended pending the results of the drug/alcohol test. After the results of the test are received, a date/time will be scheduled to discuss the results of the test; this meeting will include a member of management/supervision, a union representative (if requested), and Human Resources. Should

the results prove to be negative, the employee will receive backpay for the times/days of suspension.

CONFIDENTIALITY

Information and records relating to positive test results, drug and alcohol dependencies and legitimate medical explanations provided to the MRO shall be kept confidential to the extent required by law and maintained in secure files separate from normal personnel files. Such records and information may be disclosed among managers and supervisors on a need-to-know basis and may also be disclosed where relevant to a grievance, charge, claim or other legal proceeding initiated by or on behalf of an employee or applicant.

INSPECTIONS

FAST TERMINAL reserves the right to inspect all portions of its premises for drugs, alcohol or other contraband; affected employees may have union representation involved in this process. All employees, contract employees and visitors may be asked to cooperate in inspections of their persons, work areas, and property that might conceal a drug, alcohol, or other contraband. Employees who possess such contraband or refuse to cooperate in such inspections are subject to appropriate discipline, up to and including discharge.

CRIMES INVOLVING DRUGS

FAST TERMINAL prohibits all employees, including employees performing work under government contracts, from manufacturing, distributing, dispensing, possessing or using an illegal drug in or on [Company Name] premises or while conducting company business. [Company Name] employees are also prohibited from misusing legally prescribed or OTC drugs. Law enforcement personnel shall be notified, as appropriate, where criminal activity is suspected.

FAST TERMINAL does not desire to intrude into the private lives of its employees, but recognizes that employee's off-the-job involvement with drugs and alcohol may have an impact on the workplace. Therefore, **FAST TERMINAL** reserves the right to take appropriate disciplinary action for drug usage/sale/distribution while off company premises. All employees who are convicted of, plead guilty to, or are sentenced for a crime involving an illegal drug are required to report the conviction, plea or sentence to Human Resources within five days. Failure to comply will result in automatic discharge. Cooperation in complying may result in suspension without pay to allow management to review the nature of the charges and the employee's past record with **FAST TERMINAL**.

DEFINITIONS

"**Company Premises**" includes, but is not limited to, all buildings, offices, facilities, grounds, parking lots, lockers, places and vehicles owned, leased or managed by **FAST TERMINAL** or on any site on which the Company is conducting business.

"**Illegal Drug**" means a substance whose use or possession is controlled by federal law but that is not being used or possessed under the supervision of a licensed health care professional. (Controlled substances are listed in Schedules I-V of 21 C.F.R. Part 1308.)

“Refuse to Cooperate” means to obstruct the collection or testing process; to submit an altered, adulterated, or substitute sample; to fail to show up for a scheduled test; to refuse to complete the requested drug testing forms; or fail to promptly provide specimen(s) for testing when directed to do so, without a valid medical basis for the failure. Employees who leave the scene of an accident without justifiable explanation prior to submission to drug and alcohol testing will also be considered to have refused to cooperate and will automatically be subject to discharge.

“Under the Influence of Alcohol” means an alcohol concentration equal to or greater than .04, or actions, appearance, speech or bodily odors that reasonably cause a supervisor to conclude that an employee is impaired because of alcohol use.

“Under the Influence of Drugs” means a confirmed positive test result for illegal drug use per this policy. In addition, it means the misuse of legal drugs (prescription and possibly over-the-counter) where there is not a valid prescription from a physician for the lawful use of a drug in the course of medical treatment (containers must include the patient’s name, the name of the substance, quantity/amount to be taken, and the period of authorization).

REASONABLE SUSPICION AND POST-ACCIDENT TESTING PROTOCOL

1. The employee will be advised that **FAST TERMINAL** believes that there is reasonable suspicion to believe that he/she is affected by illegal drugs or alcohol (or due to the nature of the accident the policy mandates this) and that this test is being offered to confirm or deny this suspicion.
2. The employee will be transported to any one of the company’s contracted testing facilities (i.e., Health Services, Prompt Care, or the Emergency Department). One member of management/designated attendant will accompany the employee along with a union representative, if requested by the employee. *Under no circumstances will the employee be allowed to drive himself or herself to the testing facility.*
3. Prior to leaving for the testing facility, supervision/management will contact the testing facility to inform them that staff from **FAST TERMINAL** will be arriving and will need a drug and/or alcohol test completed.
4. Provide water for the employee to drink prior to leaving the plant and reasonable time - not to exceed 15 minutes - to secure photo ID in the company of a **FAST TERMINAL** representative.
5. The employee to be tested **MUST** present a PHOTO ID (i.e., a driver’s license or state ID card) to the testing facility staff before the specimen can be obtained. Ensure that the employee brings this with them when leaving [Company Name] premises.
6. The employee to be tested must sign a consent form provided by/at the testing facility. Refusal to sign is addressed under the “Consequences” section of this document.
7. **FAST TERMINAL** representative must sign as a witness to the collection procedure, along with the tested employee.
8. After returning to the plant or when leaving the testing facility, the supervisor/manager **MUST** make arrangements to transport the person home (unless testing results are immediate). Under no circumstances will the tested employee be allowed to drive himself or herself home.

DRUG AND ALCOHOL POLICY CERTIFICATE OF RECEIPT

I hereby certify that I have received a copy of this latest version of FAST TERMINAL Drug and Alcohol Policy, dated _____.

Section Q

Section Q

Point 4

Fast Terminal, its principals and other related companies remain committed to the safeguard, care, and long term sustainability of our environment. We are convinced that by incorporating environmental compliance best practices, pollution prevention and carbon footing reduction real steps, we will significantly contribute to the longevity and preservation of our natural, infrastructural, and cultural resources. We clearly are situationally aware of the overlapping nature of the port's pristine surrounding environment, the county's commitment to environmental sustainability vis a vis the marine/terminal trade use of our facilities. We are convinced that through conservation, recycling and environmentally mitigating actionable consciousness incorporated into our long term mission statement we will efficiently manage this critical aspect of the port's facilities.

All contributing members, directly or indirectly, become guardians and overseers of the environment. We will firmly endorse and divulge via corporate communication and training both the critical awareness of environmental sustainability as well as the grasp and understanding of the surrounding fragility and our mitigating responsibility within and without as a result of our land based RoRo terminal activities. We will clearly instill our mission, goals, objectives and environmental responsibilities as an integral part of our overall commercial activities.

More to the point, we pledge to:

- reduce our carbon footing by implementing a solar energy plan to supply all administrative and office processing related needs on our terminal.
- comply with local, State and Federal regulations and laws by incorporating them into our business practices.
- monitor, measure and record our environmental performance by establishing semi-annual and annual self-evaluation work practices.
- review and adjust our long term commercial development with a keen understanding of the Environment variable as a critical and intrinsic part of our decision making process.
- maintain pollution prevention, environmental mission statement and best practices an integral evaluation element of our decision making process in selecting third party vendors, budget, transitional, long and short term operating decisions.
- warrant environmental awareness within and without our employees and contractors by promoting discussion sessions, promoting the access to objective environmentally oriented reputable publications, educational programs and information sessions.
- become the stewards of our facilities' pristine & fragile adjacent environment through the preservation of our natural resources, particularly the adjacent waters, the runoff water drains, waste

disposal bins, absorbent pads and mechanical boundary equipment for mitigation of potential unwarranted spill incidences.


- promote interaction, involvement, exchange and proactive cooperation with the community at large and all its regulatory agencies at the local, State and Federal level.

- maintain an open channel with schools at all grades of education for the promotion of the Department of Port Everglades commercial activities, our commercial and environmental involvement and contribution within this trade community toward the recognition of elementary and advanced students of the complexities and real challenges we continually embrace in the balance of our ecosystems, particularly on our adjacently abundant flora and fauna waters.

Fast Terminal, its employees, principals are thankful for the vote of confidence, consideration and opportunity to make a positive impact on the economic activity overall of the port; in that order of ideas and more importantly Fast Terminal remains committed to the environmental protection, maintenance, and enhancement of the port as a pillar of an effective framework for the promotion of our growth and development.



Jose Maria Sola Maras
President



Ignacio Sola
CEO

Section R

Port Everglades, Fl. December 1, 2014

Broward County Port Everglades Department
Business Administration Division
1850 Eller Drive.
Ft. Lauderdale, FL. 33316
954-468-0112
Attn. Mrs. Angela Osorno-Belleme
Franchise Manager

Via: Hand delivered

RE: FAST TERMINAL – Franchise Cargo Handler application
SECTION R

Dear Mrs. Osorno-Belleme,

Fast Terminal, its employees, principals are thankful for the vote of confidence, consideration and opportunity to submit this Franchise application for RENEWAL as CARGO HANDLER.

The current grid land lease of parcel 19 started on Sept 11, 2014 for a 6 months period. Grid renewals will be every 6 – 12 month intervals after that or until the Dept of Port Everglades facilitates a different structure. Previous relationship was set up until Sep 10, 2014 through internal Memorandum of Understanding with between Fast Terminal &Portus. for the Port Everglades terminal.

Fast Terminal is now a global brand of light processing port facilities, located in FAST TERMINAL Santa Marta, Colombia; FAST TERMINAL Manzanillo, Mexico & FAST TERMINAL Pt Everglades. This last one is specialized in servicing the South Florida NVOCC retail community, its primary RoRo carrier SC LINE; but primarily is a RoRo terminal with a specific Mission in Port Everglades, given its proximity to the Americas emerging markets (Central, South, Caribbean) to put this critical and well positioned door of maritime/intermodal commerce on the map of the automotive, trucking and heavy equipment industry.

After 2011 and in the midst of the economic recovery two forces have worked toward this mission: key manufacturers of the above industries encountered a renewed foreign demand for their products, particularly in emerging markets. They experienced that the cost of doing business making use of their current supply chain infrastructure made then non-competitive; the market offered very limited logistics resources and a non-cost effective ocean transportation industry focused on protectionist measures ranging from pricing conferences, to an inflexibly rigid and slowly adjusting transportation industry. This pushed them to find unconventional ocean liner services, on non-commoditized (non containerized) RoRo and Project cargo areas(SC LINE) as well as find non-traditional maritime/intermodal land based doors of commerce (FAST TERMINAL).

FAST TERMINAL, CORP.

4700 McIntosh Rd. Ft. Lauderdale, FL. 33316

This phenomena demanded both a creative, flexible and transparent RoRo Liner services, backed by a strong Land based port service specialized RoRo terminal, technologically integrated by a powerful information system and a superb group of young and unbiased professionals.

SC LINE understood that Mexico was the starting natural place to respond to the above forces. By the end of 2011 SC LINE was already 4years into the task in the MEXICO-COLOMBIA RoRo trade lane. Servicing 65-70% of the RoRo market share for manufacturers such as Kenworth, Navistar/International, Freightliner, among others. With a 15% growth year on year that reached 18,000 CBUs or Complete Built RoRo units on the South bound service and 12000 on the North bound service, equipment manufacturers demanded a larger and more sophisticated port terminal services. These had to include a safe and secure transition or intransit area, with a pre-delivery adjustment area, and even a fleet end user pick and and warranty walk about area.

SC LINE develops SC LINE Zona Franca in Santa Marta Colombia in early 2012 (a 500,000sqft secured terminal, free zone, specialized in transit RoRo facility) with a steep challenge to respond to the above whilst in tandem, penetrate the South Eastern RoRo market in the United States. By the end of Q1-12 SC LINE ZF has about 1800 CBUs transiting through its facility, particularly from Daimler, Freightliner. The terminal becomes a B2B success story where leasing companies buy from these manufacturers, and the line through its well established supply chain lean, transparent and flexible structure delivers literally to the end user, the fleet consumer this new equipment. Post sale claims drastically went down, satisfaction and brand ownership experience translated in additional referral businesses, thus a higher throughput through our terminal. . This is a key supply chain solution for both Kenworth, Freightliner, Navistar, Mercedes Benz, Fiat, BMW, Alfa Romeo, Fruehauf trailers among other manufacturers. The HUB, located 5kmts away from the port of Santa Marta, where SC Line's Mexico-Colombia RoRo trade lane vessels call on a semi-monthly basis.

SC LINE's inaugural voyage in the US as a VOCC is on May 2012 out of Port Everglades. We selected this house for its labor, land, business mind flexibility of its management development team, as well as its nurturing and open relationship with State and Federal entities such as USCG and particularly USCBP. On February 2013 we create FAST Terminal as the brand name for the group's Land based port service specializedRoRo terminal. FTS had been our initial shared home in South port for about 7 months, but it was time to have our own home if we wanted to fulfill our mission: to place this critical and well positioned door of maritime/intermodal commerce on the map of the automotive, trucking and heavy equipment industry.

We are proud to report that American Honda, Acura currently concentrate their Panama export supply chain needs through both Fast Terminal and SC Line with about 30-50 vehicles per month. This is a testimony that our mission is getting accomplished.

On the North bound service both CAT and CASE, the heavy equipment manufacturers make use of our Fast Terminal facilities to supply the consumer needs of the South Eastern US (Alabama, Florida, Mississippi, Georgia) & some of the North east Caribbean islands (Bahamas, Jamaica).

Similarly we have become the preferred transition or last point of export of automobiles and trucks for the oil industry in the northern part of South America with over 2000 units moved during 2013.

We are currently receiving for the export business side of CNH a concentration on our facilities of large heavy CASE construction machinery manufactured in the US as an additional and flexible commerce door of export to Latin America.

More to the point, we have become Thomas Built Bus Chassis' pre-delivery pre-export concentration location in response to two key bus supply contracts in the northern part of South America.

We have been a keen advocate of supporting the NVOCC community at large and have efficiently and effectively service them both on a terminal and ro-ro basis.

As time is of the essence we may last but not least bring to the fore the significant investment we have made on our instant update information system which is fully integrated and compliant with USCBP trade documentary regulations, C-TPAP multi-layered server security components, FMC documentary and legal filing requirements as well as EDI compliant transmission with massive vehicle data uploads for export documentation compliance purposes.

We look forward to continue making positive impact on the economic activity overall of the port; in that order of ideas and more importantly Fast Terminal remains committed to the environmental protection, maintenance, and enhancement of the port as a pillar of an effective framework for the promotion of our growth and development. At the same time we reiterate our believe that our business growth is a key contributor of a new non-traditional business unit that responds to the trend on major US ports of developing a specialized light processing RoRo cargo handling facility.

Trullyours,



Ignacio Sola Matas

CEO