SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $125 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:32

DOCUMENT # **857593** **(8)**

1. Corporation Name
STATIA TERMINALS, INC.

Principal Place of Business	Mailing Address
9130 S DADELAND BLVD. #1508 MIAMI FL 33156	9130 S DADELAND BLVD. #1508 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/30/1983**
3a. Date of Last Report: **01/28/1994**

2. Principal Place of Business	2a. Mailing Address
21 **800 Fairway Drive**	26 **800 Fairway Drive**
Suite, Apt. #, etc. 22 **295**	Suite, Apt. #, etc. 27 **295**
City & State 23 **Deerfield Beach FL**	City & State 28 **Deerfield Beach FL**
Zip / County 24 **33441** 25	Zip / County 29 **33441** 30

4. FEI Number: **59-2317192** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
UNITED STATES CORPORATION COMPANY **1201 HAYS STREET** **SUITE 105** **TALLAHASSEE FL 32301**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE [illegible] (Date)

12. OFFICERS AND DIRECTORS		13. [illegible]	
TITLE	V	11 TITLE	V ☒ Change ☐ Addition
NAME	THOMPSON, THOMAS M. J	12 NAME	
STREET ADDRESS	6410 MERCER	13 STREET ADDRESS	638 Middle River Dr.
CITY ST ZIP	HOUSTON TX	14 CITY ST ZIP	Ft. Lauderdale FL 33304
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	CAMERON, JAMES G.	22 NAME	
STREET ADDRESS	12080 EAGLE TRACE BLVD NORTH	23 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL	24 CITY ST ZIP	
TITLE	STV	31 TITLE	☐ Change ☐ Addition
NAME	BRENNER, JAMES F.	32 NAME	
STREET ADDRESS	8245 SW 90RD ST	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE	V	41 TITLE	V ☒ Change ☐ Addition
NAME	RUSSO, ROBERT R.	42 NAME	
STREET ADDRESS	13205 S.W. 71ST AVE.	43 STREET ADDRESS	
CITY ST ZIP	HINSDALE IL	44 CITY ST ZIP	South Miami FL 33156
TITLE	C	51 TITLE	V ☒ Change ☐ Addition
NAME	CLARK, RONNIE R.	52 NAME	Richard L. Coen
STREET ADDRESS	6238 S.W. 139TH COURT	53 STREET ADDRESS	9130 S. Dadeland Blvd., #1508
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP	Miami FL 33156
TITLE		61 TITLE	V ☒ Change ☐ Addition
NAME		62 NAME	Richard D. Gooley
STREET ADDRESS		63 STREET ADDRESS	9130 S. Dadeland Blvd. #1508
CITY ST ZIP		64 CITY ST ZIP	Miami FL 33156

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is absolutely true and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/12/95 (305) 670-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)
James F. Bronner

000184 CP