

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G69105 (6)**

1. Corporation Name

**TERMINAL INVESTMENT CORP.**



Principal Place of Business

Mailing Address

% GEORGE E. PATTERSON, JR.  
7570 NW 14TH ST.  
MIAMI FL 33126

% GEORGE E. PATTERSON, JR.  
7570 NW 14TH ST.  
MIAMI FL 33126

3. Date Incorporated or Qualified **09/29/1983** 3a. Date of Last Report **01/19/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-2333787</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATTERSON, GEORGE E., JR.**  
7570 NW 14TH ST.  
MIAMI FL 33126

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>D MANSUR, LUIS E.</b>	1.2 NAME
STREET ADDRESS <b>BACHSTRAAT 5 ORANJESTAD</b>	1.3 STREET ADDRESS
CITY- ST- ZIP <b>NETHERLAND ANTILLES</b>	1.4 CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>S PATTERSON JR., GEORGE E.</b>	2.2 NAME
STREET ADDRESS <b>8285 SW 54 AVENUE</b>	2.3 STREET ADDRESS
CITY- ST- ZIP <b>MIAMI, FL 00000</b>	2.4 CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>V TRAVIESO, JOSE R., JR.</b>	3.2 NAME
STREET ADDRESS <b>10104 SW 20TH STREET</b>	3.3 STREET ADDRESS
CITY- ST- ZIP <b>MIAMI FL</b>	3.4 CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY- ST- ZIP	4.4 CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY- ST- ZIP	5.4 CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY- ST- ZIP	6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.24.96

Date

Daytime Phone #

CR2E034 (12/95)