

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L71649 (2)

1. Corporation Name

MIAMI FREIGHT TERMINALS, INC.



Principal Place of Business

Mailing Address

% TAYLOR BRION
801 BRICKELL AVE STE 1401
MIAMI FL 33131
US

% TAYLOR BRION
801 BRICKELL AVE STE 1401
MIAMI FL 33131
US

3. Date Incorporated or Qualified 05/02/1990	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0203126	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business, et al
21 c/o Rubinstein, Kornik, et al

2a. Mailing Address
26 c/o Rubinstein, Kornik, et al

22 800 Brickell Ave.,
Suite 1100
City & State
23 Miami, FL

27 800 Brickell Ave.,
Suite 1100
City & State
28 Miami, FL

24 Zip 33131
25 Country Dade

29 Zip 33131
30 Country Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNETH M. BLOOM
801 BRICKELL AVE
SUITE 1401
MIAMI FL 33131

81 Name Kenneth M. Bloom
82 Street Address (P.O. Box Number is Not Acceptable) 800 Brickell Avenue
83 Suite 1100
84 City Miami
85 Zip Code FL 33131

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]* **Kenneth M. Bloom** DATE: **June 3, 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUNTAIN, MICHAEL P.	2. NAME	
STREET ADDRESS	1350 OLD BAYSHORE HIGHWAY STE 900	3. STREET ADDRESS	
CITY-ST-ZIP	BURLINGAME CA 94010	4. CITY-ST-ZIP	
TITLE	DVPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARELLANO, RALPH	2.2 NAME	
STREET ADDRESS	1350 OLD BAYSHORE HIGHWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGAME CA	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEACH, RON J.	3.2 NAME	
STREET ADDRESS	1350 OLD BAYSHORE HIGHWAY STE 900	3.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGAME CA 94010	3.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILLER, BRUCE	4.2 NAME	
STREET ADDRESS	8725 N.W. 18TH TERR STE 301	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	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	900001893489
STREET ADDRESS		5.3 STREET ADDRESS	-07/15/96--01023--025
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***233.75
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; that I am 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]* **Bruce Schiller, V.P.** DATE: **7/2/96** DISTRICT PHONE #: **(305) 591-8740**

CR2E034 (12/95)