05-04-1999 90097 037 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 192671

1. Corporation Name

COASTA	L TERMINALS, INC.							
Principal Place	of Business	Mailing Address				£ \$881.84 11316 18118 21618 81111 18881 1181 8)(O(1 O) O(3	(#1: #1#11 (##1
8700 WEST FLAGLER STREET Miami Fl 33174 US		NINE GREENWAY PLAZA ATTENTION CORP SECRETARY HOUSTON TX 77046 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
		03				04/26/1956		-
Principal Place of Business 2a. Mailing Address			_			4. FEI Number	. Apr	plied For
21 26						59-0814613	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75 A	
22		27					Fee Re	<u> </u>
City & State	9	City & State				6. Election Campaign Financing	\$5.00 Added to	- 1
23)	Country	Zip Country			Trust Fund Contribution 8. This corporation owes the current year		0 (663	
Zip	25	29 3	_	,		Personal Property Tax.		□No
24	9. Name and Address of Curren		<u> </u>			10. Name and Address of New Registe	ered Agent	
			8-	I Name				
CT CORPORATION SYSTEM			82	Street	Addre	ss (P.O. Box Number is Not Acceptable)		
1200 S. PINE ISLAND ROAD								
PLANTATION FL 33324			8	3				
			84	4 City			FL 85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,								rogietored
office or r	to the provisions of Sections 607.050, egistered agent, or both, in the State of familiar with, and accept the obligations of t	of Florida. Such change was auti	norized bi	v the con	oration	's board of directors. I hereby accept the a	appointment as rec	gistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	egistered Ag	ent skaneture	required	when reinstating) DAT	re	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	DSVP DELETE 1.		1.1 TITLE	1.1 TITLE			☐ Change	☐ Addition
NAME	HILL, DAN J.		1.2 NAME					
STREET ADDRESS	NINE GREENWAY PLAZA		1,3 STRE	1.3 STREET ADDRESS			•	ļ
CITY-ST-ZIP			1	1.4 CITY-ST-ZIP				☐ Addition
TITLE	-		2.1 TITLE				☐ Change	☐ Addition
NAME	LOT INO, ALBERTO II.		2.2 NAME					
STREET ADDRESS	O GREET TO CO.		1	2.3 STREET ADDRESS				}
CITY-ST-ZIP			2.4 CITY-		 -		☐ Change	Addition
TITLE	4 1		3.1 TITLE 3.2 NAME				change	
NAME	MATTICITY, NOTALD D		•	ET ADDRESS	,			
STREET ADDRESS	HOUSTON TX		3.4. CITY		<u>'</u>			
CITY-ST-ZIP TITLE			4.1 TITLE		+-		☐ Change	Addition
NAME	0110		4. 2 NAMI					
STREET ADDRESS	9 GREENWAY PLAZA			- ET ADDRESS	,			
CITY-ST-ZIP	HOUSTON TX		4.4 CITY-		1			
TITLE			5.1 TITLE		T^-		Change	Addition
NAME	CORRALLO, CARL A		5.2 NAME					
STREET ADDRESS	NINE GREENWAY PLAZA		5.3 STRE	ET ADDRESS	3			
CITY-ST-ZIP	HOUSTON TX 77046 54		5.4 CITY-		<u>L</u> _			
TITLE	DEVP DELETE 6.11		6.1 TITLE				☐ Change	☐ Addition
NAME	HESSE, C C		6.2 NAME		1			Ì
STREET ADDRESS	O GREENWAY PLAZA		6.3 STRE	ET ADDRESS	3)			ì

HOUSTON TX CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 preciver 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

4/28/99

(713) 877-6825

Daytime Phone #