

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

FILED

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PROFIT CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 391593 (1)

1. Corporation Name

TERMINAL FABRICS, INC.

Principal Place of Business:	Mailing Address:
120 N.W. 25TH ST. MIAMI FL 33127	120 N.W. 25TH ST. MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/12/1971		3a. Date of Last Report 08/11/1994	
4. FEI Number 59-1404490		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. ☐		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ADER, ROBERT ATTY. 1010 CITY NAT'L BANK BLDG. 25 WEST FLAGLER STREET MIAMI FL 33130				81. Name	Robert Levine, Esq.		
				82. Street (P.O. Box Number is Not Acceptable)	1110 Brickell Avenue		
				83.	7th Floor		
				84. City	Miami	85. Zip Code	FL 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 is 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]* *7/18/95*

12. OFFICERS AND DIRECTORS				13. ADDITIONAL REGISTERED AGENTS			
NAME	STREET ADDRESS	CITY	STATE	NAME	STREET ADDRESS	CITY	STATE
PDS SAEWITZ, MAX PAUL	3635 STEWART AVE	COCONUT GROVE FL		1.1 NAME			
				1.2 NAME			
				1.3 STREET ADDRESS			
				1.4 CITY, ST, ZIP			
VPD Jettrey A. Nevitt	120 NW 25 street	Miami, FL 33137		2.1 NAME			
				2.2 NAME			
				2.3 STREET ADDRESS			
				2.4 CITY, ST, ZIP			
				3.1 NAME			
				3.2 NAME			
				3.3 STREET ADDRESS			
				3.4 CITY, ST, ZIP			
				4.1 NAME			
				4.2 NAME			
				4.3 STREET ADDRESS			
				4.4 CITY, ST, ZIP			
				5.1 NAME			
				5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY, ST, ZIP			
				6.1 NAME			
				6.2 NAME			
				6.3 STREET ADDRESS			
				6.4 CITY, ST, ZIP			

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.02(3)(b), Florida Statutes. I further certify that the information included 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 of this document, or on an attachment with an address.

SIGNATURE: *[Signature]* **Jettrey A. Nevitt** **June 29, 1995** **(305) 576-7666**

CR2E034 (3/95)