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)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 14 AM 11:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **628585** **(2)**

1. Corporation Name

NAUTILUS TERMINAL OPERATORS, INC.

Principal Place of Business	Mailing Address
7900 HAWTHORNE AVENUE MIAMI BEACH FL 33141-1004	7900 HAWTHORNE AVENUE MIAMI BEACH FL 33141-1004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/03/1979
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-1922077 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 4641 S. UNIVERSITY Dr.	26 4641 S. UNIVERSITY Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Davie, FL	28 City & State: Davie, FL.
24 Zip: 33328-3817 25 Country: BROWARD	29 Zip: 33328-3817 30 Country: Broward

9. Name and Address of Current Registered Agent

KRATISH, MANDEL
7900 HAWTHORNE AVENUE
MIAMI BEACH FL

10. Name and Address of New Registered Agent

81 Name: ED Santos
82 Street Address (P.O. Box Number is Not Acceptable): 4641 S. UNIVERSITY Dr.
83
84 City: Davie FL 85 Zip Code: 33328-3817

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] 6/15/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KRATISH, MANDEL
STREET ADDRESS	7900 HAWTHORNE AVENUE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	ST
NAME	KATISH, ROBERT
STREET ADDRESS	1499 SUNSET LANE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND/OR DIRECTORS

11 TITLE	☐ Change ☐ Addition	
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	☐ Change ☐ Addition	
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	☐ Change ☐ Addition	
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	☐ Change ☐ Addition	
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	☐ Change ☐ Addition	
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	☐ Change ☐ Addition	
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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] Robert Kratish Sec-Treas. 6/15/95 (305) 6802570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007200 CP