SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $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 24 AM 10:20

DOCUMENT # **637322** **(9)**

1. Corporate Name

TERMINAL TEXTILE WAREHOUSE, 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: **09/14/1979**
3a. Date of Last Report: **08/11/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: **59-1934428** ☐ Applied For ☐ Not Applicable
State, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23:
City & State — 28:
6. [illegible] ☐ **$5.00** May Be Added to Fees
Zip — 24: County — 25: Zip — 29: County — 30:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ADER, ROBERT, ATTY.
1010 CITY NAT'L BANK BLDG.
25 WEST FLAGLER STREET
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: **Robert Levine, Esq.**
82 Street Address (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 607.1508, 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] 7/13/95
(Signature of new registered agent, if changed) (Name of new registered agent, if changed, typed or printed) DATE

12. OFFICERS AND DIRECTORS		13. Additions, Changes, Deletions	
TITLE	PDS	11 TITLE	☐ Change ☐ Addition
NAME	SAEWITZ, MAX PAUL	12 NAME	
STREET ADDRESS	3635 STEWART AVE	13 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	Jeffrey A. Nevitt	22 NAME	
STREET ADDRESS	120 NW 25 Street	23 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33137	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

200001545992
-07/25/95--01123--017
****225.00 ****225.00

CR2E034 (3/95)

14. I declare, certify, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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] Jeffrey A. Nevitt June 29, 1995 (305) 576-7666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035643 CP