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

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DOCUMENT #
1. Corporation Name

637322

(9)

TERMINAL TEXTILE WAREHOUSE INC.

TEHMINAL TEXTILE WAHEHOUSE, INC.										
Principal Place	of Business	Mailing Address				T 182518 GIVER WINE MEDDE DIVIE	FOIG IIII WIUKI	MINIO MINIO DI	AN ALRIC BIRIT IND	d
120 N.W. 25TH ST. MIAMI FL 33127		120 N.W. 25TH ST. Miami Fl 33127								
						3. Date incorporated or Qualified 09/14/1979	3a. Dat	e of Last F 07/24/1		
Principal Place of Business		2a. Mailing Address	2a. Mailing Address 26			4. FEI Number 59-1934428		I	Applied For Not Applicable	$\exists$
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del> </del>				· · · · · · · · · · · · · · · · · · ·		5 Additional	-
2		27				5. Certificate of Status Desired	[]		Required	
City & State		City & State				6. Election Campaign Financing	[]	\$5.0	<b>0</b> May Be	7
Zip Country			Zip Country			Trust Fund Contribution			d to Fees	_
Z <sub>I</sub> p Country <b>25</b>		29	<del></del>			8. This corporation has liability for Florida Statutes		ax under s	199.032,	
	9. Name and Address of Cur	L				Florida Statutes Yes [] No  10. Name and Address of New Registered Agent				
				81	Name					ᅱ
ROBER	it Levine, eso.			82	Stroot Address	ss (P.O. Box Number is Not Accepta	-la\			_
	RICKELL AVE			02	Street Addres	ss (F.O. box Number is Not Accepta	JIG)			
7TH FL	OOR			83						1
MIAMI I	FL 33130			84	City			85 Z	p Code	-
11 Purcuant to	the provisions of Sections 607.0	503 and 607 1509 Florida Statut	on the she	Щ	******	tion submits this statement for the pu	FL	•		_
or registere familiar with	d agent, or both, in the State of F n, and accept the obligations of, S	lorida. Such change was authoriz Section £07.0505, Florida Statutes	ed by the c	corpc	oration's board	of directors. I hereby accept the app	ointment as	registered	Lagent. Lam	
SIGNATURE	liginal ire ityped or prin ed name of registered a	agent and trie if applicable (NO	DTE Registered	Agent	signature n gured v	when reinstaling)	DATE			·   🙃
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	ICERS AND	DIRECTO	PRS IN 12	CR2E034 (12/95)
TETLE	PDS	☐ DELETE	☐ DELETE 1.11				l	Change	Addition	=   = =
NAME	SAEWITZ, MAX PAUL			1 2 NAME						8
STREET ADDRESS	3635 STEWART AVE COCONUT GROVE FL		1 3 STREET ADDRESS							١Ħ
CITY-ST-ZIP TITLE	VPD	1.4 CITY-ST-ZiP 2. 1 TITLE					Change	☐ Addition	- 중	
NAME	JEFFREY A. NEVITT	DELETE:	2. 1 HEF 2.2 NAME				1	change	☐ Madition	
STREET ADDRESS	120 NW 25 STREET				annress					
CITY-ST-ZIP	MIAMI FL 33137			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE						
TITLE		☐ DELETE						Change	☐ Addition	1
NAME			3 2 NA	AME						
STREET ADDRESS			3.3 S	TREET.	ADDRESS					
CHY-SI-ZIP			3.4 CI	TY - ST	- ZIP				-44	
DILE		☐ DELETE.	4.170				[	Change	Addition	
NAME			4.2 NA							
STREET ADDRESS					ADDRESS					
TITLE		DELETE	4.4 CF 5 1 TI		- ZIP		<u>-</u>	T) (h	- Addison	
NAME			52 N				Į.	Change	☐ Addition	l
STREET ADDRESS					LODRESS					f
CITY-ST-ZIP			5 4 Ci							
TITLE		6 1 1					Change	Addition	$\dashv$	
NAME			6.2 NA	ME	Ì		•	_ •	-	
STREET ADDRESS			6.3 ST	REET A	DDRESS					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		6 4 CIT							
certify that to eath; that I a	the information indicated on this a am an officer or director of the co	innual recort or sunnierbental ann	ual report is e empower	e triuc	and accurate	the exemption stated in Section 119 and that my signature shall have the report is required by Chapter 607, Fi	legal emea	effect as if es; and the	made under	

526 7646 Daytine Phone #