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Apr 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G66948

1. Corporation Name
ISLAND TERMINAL COMPANY



Principal Place of Business % GEORGE E. PATTERSON, JR. 7570 N.W. 14TH STREET MIAMI FL 33126	Mailing Address PO BOX 141736 7570 N.W. 14TH STREET CORAL GABLES FL 33134 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26 JOSE R. TRAVIESO, JR.		3. Date Incorporated or Qualified 10/25/1983	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 P.O. Box 141736		4. FEI Number 59-2333785	
City & State 23		City & State 28 CORAL GABLES, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29 33114		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30 US		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PATTERSON, GEORGE E., JR. 7570 N.W. 14TH STREET MIAMI FL 33126		10. Name and Address of New Registered Agent 81 Name JOSE R. TRAVIESO, JR. 82 Street Address (P.O. Box Number is Not Acceptable) 3155 PONCE DE LEON BLVD. 83 84 City CORAL GABLES FL 85 Zip Code 33134	
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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 *Jose R. Travieso, Jr.* **JOSE R. TRAVIESO, JR.** P/S **4.9.99**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANSUR, LUIS E.	1.2 NAME	
STREET ADDRESS	BACHSTRAAT 5, ORANJESTAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NETHERLAND, ANTILLES	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT / SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVIESO, JOSE R. JR	2.2 NAME	
STREET ADDRESS	3155 PONCE DE LEON BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, GEORGE E., JR	3.2 NAME	
STREET ADDRESS	8285 SW 54TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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, with all other like empowered.

SIGNATURE: *Jose R. Travieso, Jr.* **JOSE R. TRAVIESO, JR.** **4.9.99** **305449966**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034-11/001