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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90026 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **G69105**
 1. Corporation Name
TERMINAL INVESTMENT CORP.



Principal Place of Business: % GEORGE E. PATTERSON, JR. 7570 NW 14TH ST. MIAMI FL 33126
 Mailing Address: % GEORGE E. PATTERSON, JR. P O BOX 141736 CORAL GABLES FL 33114 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/29/1983**
 4. FEI Number: **59-2333787** 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21
 2a. Mailing Address: 26 **c/o JOSE R. TRAVIESO, JR.**
 Suite, Apt. #, etc.: 27 **P. O. Box 141736**
 City & State: 28 **CORAL GABLES, FL**
 Zip: 29 **33114** Country: 30 **U S**

9. Name and Address of Current Registered Agent

PATTERSON, GEORGE E., JR.
 7570 NW 14TH ST.
 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**

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]* **JOSE R. TRAVIESO, JR. P/S 2-9-99**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MANSUR, LUIS E.
STREET ADDRESS	BACHSTRAAT 5 ORANJESTAD
CITY-ST-ZIP	NETHERLAND ANTILLES
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	PATTERSON JR., GEORGE E.
STREET ADDRESS	8285 SW 54 AVENUE
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	TRAVIESO, JOSE R., JR.
STREET ADDRESS	3155 PONCE DE LEON BLVD
CITY-ST-ZIP	CORAL GABLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PRESIDENT / SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]* **JOSE R. TRAVIESO, JR. P/S 2-9-99 3054419966**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)