


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2005 8:00 am
Secretary of State


05-13-2005 90228 023 ***150.00

DOCUMENT # G69105 1. Entity Name TERMINAL INVESTMENT CORP.	
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Principal Place of Business 250 CATALONIA AVENUE SUITE 605 CORAL GABLES, FL 33134	Mailing Address C/O JOSE R TRAVIESO JR P O BOX 141736 CORAL GABLES, FL 33114 US
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DO NOT WRITE IN THIS SPACE

50052478



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2333787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRAVIESO, JOSE JR.
250 CATALONIA AV STE 605
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

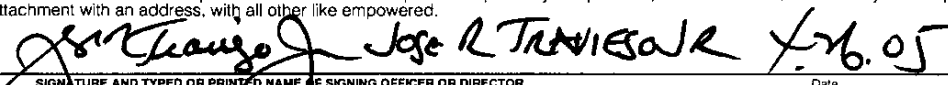
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANSUR, LUIS E BACHSTRAAT 5 ORANJESTAD NETHERLAND ANTILLES,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TRAVIESO, JOSE R JR 250 CATALONIA AV STE 605 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTIEL, JOSE M CENTRO COMERCIAL AVENTURA, OFC 58 MARACIBO, VENEZUELA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRAVIESO SILVA, JILL T 250 CATALONIA AVE., STE 605 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Jose R TRAVIESO JR** **5-16-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #