

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 08 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **J82696** (2)  
1. Corporation Name  
**EAST RIVER TERMINALS, INC.**

Principal Place of Business  
**2974 N.W. NORTH RIVER DR.  
MIAMI FL 33142**

Mailing Address  
**P.O. BOX 170360  
MIAMI FL 33017**

DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |   |  |   |  |
|--------------------------------|---------------------|---------------------|---------------------|---|--|---|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>07/15/1987</b>  |  | 3a. Date of Last Report<br><b>11/25/1996</b>                                    |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>59-2836974</b>  |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |  | <b>\$8.75</b> Additional Fee Required   |  |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00</b> May Be Added to Fees  |  |
| 24                             | Country             | 29                  | Country             | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |  |

|   |  |   |  |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent                       |  | 10. Name and Address of New Registered Agent          |  |
| <b>KORNFIELD, CLIFFORD<br/>11400 S.W. 68TH CT.<br/>MIAMI FL 33156</b> |  | b1 Name   |  |
|   |  | b2 Street Address (P.O. Box Number is Not Acceptable) |  |
|   |  | b3  |  |
|   |  | b4 City   |  |
|   |  | FL b5 Zip Code  |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------|---|---|
| TITLE                      | PS                            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MOURRA, SAMIR</b>          | 1.2 NAME  |   |
| STREET ADDRESS             | <b>8505 NW 165 STREET</b>     | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL 33016</b>         | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VPT                           | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>VELASQUEZ, JORGE</b>       | 2.2 NAME  |   |
| STREET ADDRESS             | <b>2754 NW N. RIVER DRIVE</b> | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL 33142</b>         | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                               | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 3.2 NAME  |   |
| STREET ADDRESS             |                               | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                               | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                               | 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                      |                               | 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                      |                               | 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 do 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.

SIGNATURE: 

CR2E034 (4/97)