PROFIT CORPORATION ANNUAL REPORT



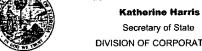
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FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1999

1. Corporation Name



Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90097 020 ***150.00

5TH STR	IEET TERMINAL, INC.						
Principal Place	of Business	Mailing Address			((84)) (481 jih ibili billi malil 481); matil anti	**	
890 S DIXIE HIGHWAY 890 S DIXIE HIGHWAY							
CORAL GABLES FL 33146 CORAL GABLES FL 33146			16		DO NOT WRITE IN THE	S SPACE	
		•			Date Incorporated or Qualifed		
					02/12/1996		ļ
2 Principal Pl	ace of Business	2a. Mailing Address		 	4. FEI Number	Apr	lied For
2. Fillicipal Fi	ace of business	26			64-0652632 65-0642632		Applicable
211	5				\$8.75 A		
22		27	•	·	Certificate of Status Desired	Fee Red	quired
City & State	, e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year In	ntangible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registerer	1 Agent	٠.
				81 Name	he jack The hant	A .	.
Schreiber, Gerhardt a				82 Street Add	ress (P.O. BOX Number Walta Receptable) MITED LIABILITY COMPANY, COUNSELLORS AT LAW	/ 	
890 S DIXTÉ HIGHWAY				ATTA	MITED LIABILITY COMPANY, COUNSELLORS AT LAW	<u> </u>	
COBAL GABLES FL 33146				83	2222 Ponce de Leon Blvd.		.
-				84 City	Penthouse Suite	85 Zip C	inde
				84 City	Coral Gables, Florida 33134 F		,
office or re agent. I ar	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obliq	re of Florida, Such change was	authonzed	by the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appropriate the purpose of the	of changing its i pintment as reg	registered jistered
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NC	TE: Registered	Agent signature require	ed when reinstating) DATE		
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 ΤΙΤ	LE		Change	☐ Addition
NAME	DUBIN, RICHARD A		1.2 NA	ME			
STREET ADDRESS	555 NW S RIVER DR		1.3 STI	REET ADDRESS	•		
CITY-ST-ZIP	MIAMI FL		1.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	2.1 TIT	LĒ	•	Change	Addition
NAME			2.2 NA	ME			Ì
STREET ADDRESS			2.3 STI	REET ADORESS		:	1
CITY-ST-ZIP			2. 4 CI	ry-st-zip			
TITLE		☐ DELETE	3.1 TIT	LE		☐ Change	☐ Addition
NAME			3.2 NA	ME			ĺ
STREET ADDRESS			3.3 ST	REET ADORESS			į
CITY-ST-ZIP			3.4. Ci	ry-st-zip			
TITLE		☐ DELETE	4.1 TIT	LE		☐ Change	☐ Addition }
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STI	REET ADORESS			
CITY-ST-ZIP			4 4 CIT	Y-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	<u></u>
TITLE		☐ DELETE	5.1 ΤΠ	1		Change	Addition \
NAME			5.2 NA	ı			
STREET ADDRESS				REET ADDRESS	·	,	
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	6.1 TIT			☐ Change	☐ Addition
NAME			6.2 NA	1			1
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP			- 1 <i>99</i> 11	Y-ST-ZIP			

s not qualify for the exemption stand in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with the indicated on this annual report or suppliemental and officer or director of the corporation or the species Block 12 or Block 13 if changed, by on an attach the supplied by the

SIGNATURE: