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**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name S11492

(3)

SEA TERMINAL SERVICES, INC.

**FILED** Feb 11 1998 8:00am Secretary of State

Principal Piace of Business 301 MW S RIVER DR MIAMI FL 33142  2. Principal Piace of Business 301 MW S RIVER DR MIAMI FL 33142  2. Principal Piace of Business 302 MW S RIVER DR MIAMI FL 33142  3. Date incorporated or Qualified 11/08/1990  2. Principal Piace of Business 3. Date incorporated or Qualified 11/08/1990  3. Date incorporated or Qualified 11/08/1990  4. Felt Number 5. Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Certificate of Status Desired 6. Certificate of Status Desired 6. Set Status Desired 6. Certificate of Status Desired 6. Suite, Apt. #, etc. 6. Certificate of Status Desired 6. Suite, Apt. #, etc. 6. Certificate of Status Desired 6. Suite, Apt. #, etc. 6. Certificate of Status Desired 6. Suite, Apt. #, etc. 6. Certificate of Status Desired 6. Set Status Desired 6. Certificate of Status Desired 6. Suite, Apt. #, etc. 6. Certificate of Status Desired 6. Suite, Apt. #, etc. 6. Certificate of Status Desired 6. Certificate of Status Desired 6. Suite, Apt. #, etc. 6. Certificate of Status Desired 6. Certificate of Status Desired 6. Certificate of Status Desired 6. Certificate of Status Suite Apt. #, etc. 6. Certificate of Status Desired 6. Certificate of Status Suite Apt. #, etc. #, etc
MIÀMI FL 33142    MIÀMI FL 33142   MIÀMI FL 33142   DO NOT WRITE IN THIS SPACE
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. 4. FEI Number 65-0228776   Not Applicable For 65-0228776   Suite, Apt. #, etc.   Suite
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   Not Applicable   Stude, Apt. #, etc.   Suite, A
28 Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Added to Fees  No  No  SMITH, HOMAS A.  3001 NW S RIVER DR  MIAMI FL 33142  B1 Name  State Address (P.O. Box Number is Not Acceptable)  B2 Street Address (P.O. Box Number is Not Acceptable)  B3 City  FL 85 Zip Code  City City  City C
Suite, Apt. #, etc.  27  City & State  City & State  28  Country  29  Country  29  30  Country  8. Fins corporation owes or has paid the current year Inlag fible Personal Property Tax duo June 30.
City & State   City
City & State  28  City & State  29  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Research Address of Current Registered Agent  SMITH, THOMAS A.  3001 NW S RIVER DR MIAMI FL 33142  11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of 57,0502 km didn't hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of 57,0502 km didn't hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of 57,0502 km didn't hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of 5,0500 km didn't hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of 5,0500 km didn't hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of 5,0500 km didn't statutes. I am familiar with, and accept the obligations of 5,0500 km didn't statutes. I am familiar with and accept the obligations of 5,0500 km didn't statutes. I am familiar with and accept the obligations of 5,0500 km didn't statutes. I am familiar with a disperiable (NOTE Regeleteria Agent signature required with reinstating)  12. Of FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  DELETE  1.1 TITLE  Change Addition  MME  LI QUIV. ST. ZIP  MIAMI FL  LI QUIV. ST. ZIP  MI
Country
Personal Property Tax due June 30.
SMITH, THOMAS A. 3001 NW S RIVER DR MIAMI FL 33142  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 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, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and tellor applicable.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  ORD  ORD  ORD  ORD  ORD  ORD  ORD
SMITH, THOMAS A. 3001 NW S RIVER DR MIAMI FL 33142  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City  84 City  85 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 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, a manifest and manifest with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIgnature, typed or preliad name of registered agent and title of a galaciate (NOTE Registered Agent Eignature required when reliastating)  DATE  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  DELETE  1.1 TITLE  SMITH, THOMAS A.  STREET ADDRESS  CITY-ST-2P  MIAMI FL  DELETE  2.1 TITLE  Addition  NAME  Addition  Addition
3001 NW S RIVER DR MIAMI FL 33142  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL  85 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or profiled name of registered agent and title if applicated of NOTE Registered Agent signature required with reinstating)  DATE  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILLE  PD  OFFICERS AND DIRECTORS  12. NAME  SIRRET ADDRESS  CITY-ST-ZIP  MIAMI FL  DELETE  DELETE  21. TILLE  Change Addition Addition  NAME  Addition  Change Addition
### City ### City ### City ### Above-named corporation submits this statement for the purpose of changing its registered agent and accept the obligations of, Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  #### Signature. hyped or preliad name of registered agent and talled a applicable:  ### OFFICERS AND DIRECTORS  ### 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ### TITLE ### DO
83     84   City   FL   85   Zip Code
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SIGNATURE   Signature, typed or printed name of registered agent and title it applicable   (NOTE Registered Agent signature required when reinstating)   DATE
Signature, typed or printed name of registerial agent and title if applicative (NOTE Registerial Agent signature required whon reinstating)   DATE
TITLE         PD         DELETE         1.1 TITLE         Change         Addition           NAME         SMITH, THOMAS A.         1.2 NAME         1.2 NAME         1.3 STREET ADDRESS         1.000 QUAYSIDE TERR TS 7         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         1.4 CITY-ST-ZIP         1.4 CITY-ST-ZIP         TITLE         DELETE         2.1 TITLE         Change         Addition           NAME         1.2 NAME         22 NAME         Addition         Addition         Addition
NAME         SMITH, THOMAS A.         1.2 NAME           STREET ADDRESS         1000 QUAYSIDE TERR TS 7         1.3 STREET ADDRESS           CITY-ST-ZIP         MIAMI FL         1.4 CITY-ST-ZIP           TITLE         DELETE         2.1 TITLE           NAME         22 NAME
STREET ADDRESS         1000 QUAYSIDE TERR TS 7         1.3 STREET ADDRESS           CITY-ST-ZIP         MIAMI FL         1.4 CITY-ST-ZIP           TITLE         DELETE         2.1 TITLE           NAME         22 NAME
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TITLE         DELETE         2.1 TITLE         Change         Addition           NAME         22 NAME
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CITY-ST-ZIP 3.4. CITY-ST-ZIP
TITLE DELETE 4.1 TITLE Change Addition
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STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY CLUB
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition
NAME 52 NAME
STREET ADDRESS 5.3 STREET ADDRESS .
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE DELETE 6.1 TITLE Change Addition
NAME 62 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  14   Percebus certify that the information supplied with this filling does not qualify for the examption stated in Section 119 07/3Vi). Floride Statutes I further certify that the information

Thereby verify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. If further certify that the informatic 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 a ratachment with an address.

1/24/60

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