

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 96 NOV 25 PM 2:01

DOCUMENT # **J82696 (2)**

1.. Corporation Name
EAST RIVER TERMINALS, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 2874 N.W. NORTH RIVER DR. MIAMI FL 33142
 2874 N.W. NORTH RIVER DR. MIAMI FL 33142

REINSTATEMENT 96

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		25		07/15/1987	10/18/1995
22 Suite, Apt. #, etc.		27		4. FEI Number	Applied For
23 City & State		29		58-2838974	Not Applicable
24 Zip		29		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Country		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30		9. Name and Address of Current Registered Agent	
25		30		10. Name and Address of New Registered Agent	

TETTELBAUM, JOSEPH
 2874 N.W. NORTH RIVER DR.
 MIAMI FL 33142

81 Name **Clifford Kunkel**
 82 Street Address (P.O. Box Number Not Acceptable) **1700 SW 65 St**
 83
 84 City **Miami** FL 88 Zip Code **33106**

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]* DATE **11-22-96**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President - Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TETTELBAUM, JOSEPH T.	1.2 NAME	Samir Moura
STREET ADDRESS	2874 NW NORTH RIVER DR	1.3 STREET ADDRESS	8505 NW 165 St
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	Miami FL 33016
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice-President - Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TETTELBAUM, ANN	2.2 NAME	Jorge Velazquez
STREET ADDRESS	2874 NW NORTH RIVER DR	2.3 STREET ADDRESS	2754 NW N. River Dr
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	Miami FL 33142
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	700002015297-4
STREET ADDRESS		3.3 STREET ADDRESS	-11/26/96-01167-010
CITY - ST - ZIP		3.4 CITY - ST - ZIP	MIAMI 383.75 MIAMI 383.75
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **11/22/96** TIME: **805-6363719**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)