

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAY -1 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 242804 (3)

1. Corporation Name
TERNER'S OF MIAMI CORP.

Principal Place of Business Mailing Address

1036 S.W. 1 ST.
MIAMI FL 33130
US

1036 S.W. 1 ST.
MIAMI FL 33130
US

2. Principal Place of Business 2a. Mailing Address

21 1036 S.W. 1 ST. 26

Suite, Apt #, etc. Suite, Apt #, etc.

22

City & State City & State

23 MIAMI FLORIDA. 28

Zip Country Zip Country

24 33130 25 US. 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

12/12/1960 05/01/1994

4. FEI Number Applied For

59-0910225 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICE/CANTERA & ASSOCIATES INC.
1036 S.W. 1 ST.
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name
FLORIDA ANNUAL REPORT SERVICES INC.

82 Street Address (P.O. Box Number is Not Acceptable)
1036 S.W. 1 ST.

83

84 City FL 85 Zip Code
MIAMI 33130

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 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.

AMADA C. LOPEZ, PRES

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	TENER, ETIA
STREET ADDRESS	5333 COLLINS AVE #3J
CITY ST ZIP	MIAMI BCH FL
TITLE	VP
NAME	TERNER, LUIS
STREET ADDRESS	5333 COLLINS AVE #12J
CITY ST ZIP	MIAMI BCH FL
TITLE	VP
NAME	CALZADILLA, MARCOS
STREET ADDRESS	7120 SW 107 TERR.
CITY ST ZIP	MIAMI FL
TITLE	S
NAME	TERNER, DINA
STREET ADDRESS	5333 COLLINS AVE #12J
CITY ST ZIP	MIAMI BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P- TERNER LUIS	
1.3 STREET ADDRESS	5333 COLLINS AVE # 3J	
1.4 CITY - ST - ZIP	MIAMI BCH FLO.	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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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 110.07(3)(b), 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 provider or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as required, or on an appointment with an address.

SIGNATURE: *Luis Terner* DATE: 4/27/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **LUIS TERNER**