

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

**APPROVED
AND
FILED**

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

95 MAY -1 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 State 85 Zip Code

MIAMI FL 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 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 **AMADA C. LOPEZ, PRES** DATE

Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	<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	700001474277
3.4 CITY - ST - ZIP	-05/03/95--01163--021
4.1 TITLE	***288.00 <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	BT/SL
6.3 STREET ADDRESS	
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 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 this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as changed, or on an appointment with an address.

SIGNATURE:  DATE: **4/27/95** TIME: **3:05** IDENTIFICATION: **545866**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Number)

LUIS TERNER