

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 MAY -1 PM 3: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

21 2337 N.W. 5TH AVE

2a. Mailing Address

26 2337 N.W. 5TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 MIAMI FLORIDA,

24 Zip 33127

25 Country US.

27 City & State

28 MIAMI FLORIDA,

29 Zip 33127

30 Country US.

3. Date Incorporated or Qualified

12/12/1960

3a. Date of Last Report

05/01/1995

4. FEI Number

59-0910225

Applied For

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
1036 S.W. 1 ST.
MIAMI FL 33130

81 Name

FLORIDA ANNUAL REPORT SERVICES, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

2300 CORAL WAY SUITE # 200

83

84 City

MIAMI

FL

85 Zip Code
33145

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, type or printed name of registered agent, if not acceptable

AMADA CANTERA LOPEZ, PRES

(Not a Registered Agent signature required when re-registering)

DATE

4/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME TERNER, LUIS
STREET ADDRESS 5333 COLLINS AVE #3J
CITY-ST-ZIP MIAMI BCH FL ☐ DELETE

1.1 TITLE P/D/TERNER DINA
1.2 NAME 5333 COLLINS AVE # 12J
1.3 STREET ADDRESS MIAMI BCH.FLORIDA 33140
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME TERNER, LUIS
STREET ADDRESS 5333 COLLINS AVE #12J
CITY-ST-ZIP MIAMI BCH FL ☐ DELETE

2.1 TITLE D/V/P. TERNER MARCIA.
2.2 NAME 5500 COLLINS AVE # 902
2.3 STREET ADDRESS MIAMI BCH. FL. 33140
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME CALZADILLA, MARCOS
STREET ADDRESS 7120 SW 107 TERR.
CITY-ST-ZIP MIAMI FL ☐ DELETE

3.1 TITLE
3.2 NAME 200001813572
3.3 STREET ADDRESS -05/08/96--01064--043
3.4 CITY-ST-ZIP *****200.00 *****200.00 ☐ Change ☐ Addition

TITLE S
NAME TERNER, DINA
STREET ADDRESS 5333 COLLINS AVE #12J
CITY-ST-ZIP MIAMI BCH FL ☐ DELETE

4.1 TITLE D/S/TERNER MARCIA
4.2 NAME 5500 COLLINS AVE # 902
4.3 STREET ADDRESS MIAMI BCH FLORIDA 33140
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE D/V/P. KABAK IDA
5.2 NAME 12419 N. BAYSHORE, DR
5.3 STREET ADDRESS N. MIAMI FLORIDA. 33181
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE D/T/KABAK ELIAS
6.2 NAME 12419 N. BAYSHORE DR.
6.3 STREET ADDRESS N. MIAMI FLORIDA 33181
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/26/96

CR2E034 (12/95)