

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

**APPROVED
AND
FILED**

96 MAY -1 PM 3: 20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



**PROFIT
CORPORATION
ANNUAL REPORT
1996**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

3. Date Incorporated or Qualified
12/12/1960

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **2337 N.W. 5TH AVE**

26 **2337 N.W. 5TH AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **MIAMI FLORIDA,**

28 **MIAMI FLORIDA,**

Zip

Country

Zip

Country

24 **33127**

25 **US.**

29 **33127**

30 **US.**

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

85 Zip Code
FL 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]* **AMADA CANTERA LOPEZ, PRES**

4/26/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	TERNIER, LUIS	
STREET ADDRESS	5333 COLLINS AVE #3J	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TERNIER, LUIS	
STREET ADDRESS	5333 COLLINS AVE #12J	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CALZADILLA, MARCOS	
STREET ADDRESS	7120 SW 107 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TERNIER, DINA	
STREET ADDRESS	5333 COLLINS AVE #12J	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P/D/TERNIER DINA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	5333 COLLINS AVE # 12J	
1.3 STREET ADDRESS	MIAMI BCH.FLORIDA 33140	
1.4 CITY-ST-ZIP		
2.1 TITLE	D/ V/P. TERNIER MARCIA.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	5500 COLLINS AVE # 902	
2.3 STREET ADDRESS	MIAMI BCH. FL. 33140	
2.4 CITY-ST-ZIP		
3.1 TITLE	200001813572	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	-05/08/96--01064--043	
3.3 STREET ADDRESS	****200.00 ****200.00	
3.4 CITY-ST-ZIP		
4.1 TITLE	D/S/TERNIER MARCIA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	5500 COLLINS AVE # 902	
4.3 STREET ADDRESS	MIAMI BCH FLORIDA 33140	
4.4 CITY-ST-ZIP		
5.1 TITLE	D/V/P. KABAK IDA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	12419 N. BAYSHORE, DR	
5.3 STREET ADDRESS	N. MIAMI FLORIDA. 33181	
5.4 CITY-ST-ZIP		
6.1 TITLE	D/T/KABAK ELIAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	12419 N. BAYSHORE DR.	
6.3 STREET ADDRESS	N. MIAMI FLORIDA 33181	
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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96
Date Daytime Phone #

CR2E034 (12/95)