

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 22, 1999 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-22-1999 90039 025 ****158.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # 242804
 1. Corporation Name
TERNER'S OF MIAMI CORP.

Principal Place of Business
 2337 N.W. 5TH AVE
 MIAMI FL 33127
 US

Mailing Address
 2337 N.W. 5TH AVE
 MIAMI FL 33127
 US

3. Date Incorporated or Qualified
12/12/1960

4. FEI Number
59-0910225

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
TERNER, MARCIA
2337 NW 5 AVE
MIAMI FL 33127

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ 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	PD <input type="checkbox"/> DELETE
NAME	TERNER, DINA
STREET ADDRESS	5700 COLLINS AVE #6E
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	DVP <input type="checkbox"/> DELETE
NAME	TERNER, MARCIA
STREET ADDRESS	5500 COLLINS AVE #902
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	DS <input type="checkbox"/> DELETE
NAME	TERNER, MARCIA
STREET ADDRESS	5500 COLLINS AVE #902
CITY-ST-ZIP	MIAMI BCH FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	KABAK, IDA
STREET ADDRESS	12419 N. BAYSHORE DR
CITY-ST-ZIP	N. MIAMI FL 33181
TITLE	DT <input type="checkbox"/> DELETE
NAME	KABAK, ELIAS
STREET ADDRESS	12419 N. BAYSHORE DR
CITY-ST-ZIP	N. MIAMI FL 33181

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input 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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Marcia Terner*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99 305-573-0696
 Date Daytime Phone #

CR2E034 (1/98)