

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
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95 APR 17 PM 4:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morthom Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717423 (8)
1. Corporation Name
TERRACE VIEW TOWERS, INC.

Principal Place of Business 240 COLLINS AVENUE MIAMI BEACH FL 33139	Mailing Address 240 COLLINS AVENUE MIAMI BEACH FL 33139
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/23/1969	3a. Date of Last Report 04/26/1994
4. FEI Number 59-1426522	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BINKER, NANCY
240 COLLINS AVENUE, #6B
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	VILLARI, JOE
STREET ADDRESS	240 COLLINS AVE #4E
CITY - ST - ZIP	MIAMI BEACH FL 33135
TITLE	T
NAME	BINKER, NANCY
STREET ADDRESS	240 COLLINS AVE #6B
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	VP
NAME	MEDELLIN, WILLIAM
STREET ADDRESS	240 COLLINS AVE #3F
CITY - ST - ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	JUOZUNAS, SOPHIA
STREET ADDRESS	240 COLLINS AVE. #5E
CITY - ST - ZIP	MIAMI BEACH FL 33139
TITLE	OR
NAME	GARRASTAZU, ANA
STREET ADDRESS	240 COLLINS AVE. #2F
CITY - ST - ZIP	MIAMI BCH. FL 33139
TITLE	D
NAME	MARAVEZ, HILDA
STREET ADDRESS	240 COLLINS AVE. #8E
CITY - ST - ZIP	MIAMI BEACH FL 33139

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	David M Rohn
33 STREET ADDRESS	240 Collins Ave #7B
34 CITY - ST - ZIP	MIAMI BEACH FL 33139
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 and changes, if any, are attached herewith.

SIGNATURE: *Randy Williams* Pres Date: **4/11/95** 305-674-1190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR