

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **717423** (8)

1. Corporation Name

**TERRACE VIEW TOWERS, INC.**

Principal Place of Business

Mailing Address

**240 COLLINS AVENUE  
MIAMI BEACH FL 33139**

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MIAMI BEACH FL 33139**



3. Date Incorporated or Qualified  
**10/23/1969**

3a. Date of Last Report  
**04/17/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
**59-1426522**

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

**BINKER, NANCY  
240 COLLINS AVENUE, #6B  
MIAMI BEACH FL 33139**

81 Name **JOSEPH J VILLARI**  
82 Street Address (P.O. Box Number is Not Acceptable) **240 COLLINS AVE #4E**  
83  
84 City **MIAMI BEACH** FL 85 Zip Code **33139**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Joseph J Villari*  
Signature, typed or printed name of registered agent and title if applicable

*President*  
(NOTE: Registered Agent signature required when reinstating)

*6/21/96*  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VILLARI, JOE	
STREET ADDRESS	240 COLLINS AVE #4E	
CITY-ST-ZIP	MIAMI BEACH FL 33135	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BINKER, NANCY	
STREET ADDRESS	240 COLLINS AVE #6B	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROHN, DAVID M.	
STREET ADDRESS	240 COLLINS AVE #7B	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JUOZUNAS, SOPHIA	
STREET ADDRESS	240 COLLINS AVE. #5E	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VP NOW "D"	<input type="checkbox"/> DELETE
NAME	GARRASTAZU, ANA	
STREET ADDRESS	240 COLLINS AVE. #2F	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARAVEZ, HILDA	
STREET ADDRESS	240 COLLINS AVE. #6E	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

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	VICE PRES. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN JENKS JR
2.3 STREET ADDRESS	240 COLLINS AVE #6D
2.4 CITY-ST-ZIP	MIAMI BEACH FL 33139
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 checked="" 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

*Joseph J Villari*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0007233

CR2E037 (3/96)