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**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90090 039 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 717423

1. Corporation Name  
**TERRACE VIEW TOWERS, INC.**

Principal Place of Business  
 240 COLLINS AVENUE  
 MIAMI BEACH FL 33139  
 US

Mailing Address  
 240 COLLINS AVENUE  
 MIAMI BEACH FL 33139



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/23/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1426522	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30 \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VILLARI, JOSEPH J 240 COLLINS AVENUE 4E MIAMI BEACH FL 33139				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLARI, JOE	1.2 NAME	
STREET ADDRESS	240 COLLINS AVE #4E	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33135	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEPYA, JEROME	2.2 NAME	T/S
STREET ADDRESS	240 COLLINS AVE #4F	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIOTTA, LISA	3.2 NAME	IAN SCOTT
STREET ADDRESS	240 COLLINS AVE., #6B	3.3 STREET ADDRESS	240 COLLINS AVE #2E
CITY-ST-ZIP	MIAMI BEACH, FL	3.4 CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUOZUNAS, SOPHIA	4.2 NAME	V.
STREET ADDRESS	240 COLLINS AVE. #5E	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRASTAZU, ANA	5.2 NAME	
STREET ADDRESS	240 COLLINS AVE. #2F	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUEZ, HILDA	6.2 NAME	
STREET ADDRESS	240 COLLINS AVE., #2G	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	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 617, 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: Joseph J. Villari Date: 5-23-99 Daytime Phone #: 305 674 1190

CR2E037 (11/58)