

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F17109 (2)**
1. Corporation Name
TERREMARK, INC.



Principal Place of Business: **2601 SOUTH BAYSHORE DRIVE. PH-1 MIAMI FL 33133**
Mailing Address: **2601 SOUTH BAYSHORE DRIVE. PH-1 MIAMI FL 33133**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/14/1981	3a. Date of Last Report 03/14/1995
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2055691	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOODKIND, BRIAN K 2601 SOUTH BAYSHORE DRIVE SUITE 1600 MIAMI FL 33133				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDINA, MANUEL D.	1.2 NAME	
STREET ADDRESS	2601 SOUTH BAYSHORE DR., PH-1	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODKIND, BRIAN K	2.2 NAME	
STREET ADDRESS	2601 SO. BAYSHORE DR., SUITE 1600	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ CISNEROS, TERESA	3.2 NAME	
STREET ADDRESS	2601 SO. BAYSHORE DR., PH-1	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	600001795496 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-04/26/96--01014--027
STREET ADDRESS		5.3 STREET ADDRESS	***1000.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Teresa Perez-Cisneros 4/18/96 305-856-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)