

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

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

1995 MAR 14 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M60719 (5)**
1. Corporation Name
TERREMARK AT REPUBLIC PLAZA, INC.

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

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 26
22 Suite, Apt. #, etc. 27
23 City & State 28
24 Zip Country 25 29 Zip Country 30

3. Date Incorporated or Qualified **10/12/1987** 3a. Date of Last Report **04/25/1994**
4. FEI Number **65-0012194** 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
**GOODKIND BRIAN K
2601 S. BAYSHORE DR.
SUITE 1600
MIAMI FL 33133**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	MEDINA, MANUEL D
STREET ADDRESS	2601 SOUTH BAYSHORE DR., PH-1
CITY-ST-ZIP	MIAMI FL 33133
TITLE	S
NAME	GOODKIND BRIAN K
STREET ADDRESS	2601 SO. BAYSHORE DR., SUITE 1600
CITY-ST-ZIP	MIAMI FL 33133
TITLE	VD
NAME	PEREZ-CISNEROS TERESA
STREET ADDRESS	2601 SO. BAYSHORE DR., PH-1
CITY-ST-ZIP	MIAMI FL 33133

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	600001432546
13 STREET ADDRESS	-03/17/95--01035--003
14 CITY-ST-ZIP	***1591.25 ***200.00
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	old
6.3 STREET ADDRESS	3-14
6.4 CITY-ST-ZIP	

I 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)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 107, Florida Statutes; and that my name is on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Manuel D. Medina* **MANUEL D. MEDINA** *President* **2/22/95** **256-3310**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR