

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 04, 1999 8:00 am
Secretary of State

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US12208

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P95000056031

1. Corporation Name
TERRAG INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 280 SE 11TH STREET POMPANO BCH FL 33060 US	Mailing Address 1511 E COMMERCIAL BLVD SUITE 128 FORT LAUDERDALE FL 33334 US
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3. Date Incorporated or Qualified 07/18/1995	Applied For Not Applicable
4. FEI Number 65-0597359	
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
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent RENZ, HEINZ 280 SE 11TH STREET POMPANO BCH FL 33060	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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10. Name and Address of New Registered Agent
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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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWYTER, HERMANN	1.2 NAME	
STREET ADDRESS	1511 E COMMERCIAL BLVD, STE 128	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDI, MARGARITHA	2.2 NAME	
STREET ADDRESS	1511 E COMMERCIAL BLVD STE 128	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWYTER, HERMANN	3.2 NAME	
STREET ADDRESS	1540 E COMMERCIAL BLVD	3.3 STREET ADDRESS	1511 E. Commercial Blvd, Suite 128
CITY-ST-ZIP	FT LAUDERDALE FL 33334	3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33334
TITLE	DS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINZ, HEINZ	4.2 NAME	
STREET ADDRESS	280 SE 11TH STREET	4.3 STREET ADDRESS	RENZ, HEINZ
CITY-ST-ZIP	POMPANO BCH FL 33060	4.4 CITY-ST-ZIP	280 SE 11th street Pompano Beach, FL 33060
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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	

5.5 TITLE		5.6 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.7 NAME		5.8 NAME	
5.9 STREET ADDRESS		5.9 STREET ADDRESS	
5.10 CITY-ST-ZIP		5.10 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 607, 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: _____ Date: **2/11/99** Daytime Phone #: **(954) 788-9585**

CR2E034 (11/98)