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

. Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000052650

TERAHEN, INC.

Principal Place of Business

| 30 SW 129TH JAMI FL 33184 S | | 1108 VALENCIA AVENUE CORAL GABLES FL 33134 | | | | DO NOT WRITE IN THIS SPACE | | |
|--|--|---|-----------------|--|---|--|-----|--|
| | | | | | | 3. Date Incorporated or Qualifed 06/19/1996 | | |
| '. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number Applied For | ٠,- | |
|] | | 26 | | | | 65-0676091 Not Applicable | ì | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | ٠, | | |
| City & State City & State | | | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | |
| Zip | Country | Country Zip | | | - | 8. This corporation owes the current year Intangible | | |
| : | 25 29 30 | | | | | Personal Property Tax. Yes □No | | |
| Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | |
| | | | | 81 | Name | | | |
| SHELTON, TERESITA 1108 VALENCIA AVE. CORAL GABLES FL | | | | 82 | Street A | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | , 2011年 李建县 李建县 李建县 | | |
| | | | | 84 | City FL 85 Zip Code | | | |
| office or re | to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obligat | of Florida. Such chanc | ie was authoriz | ed by | the corpo | corporation submits this statement for the purpose of changing its registered oration's board of directors: I hereby accept the appointment as registered | | |
| SIGNATURE | | | | | | | | |
| | | | | | t signature re | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | ğ | |
| <u>i2. </u> | | | 1: LETE 1.1 | | T | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | ž | |
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| STREET ADDRESS 1108 VALENCIA AE. | | | 1.3 | 1.3 STREET ADDRESS | | · . | ŭ | |
| TITY-ST-ZIP CORAL GABLES FL 33134 | | | | 1.4 CITY-ST-ZIP | | | Ò | |
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ITY-ST-ZIP 4. 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.

6.4 CITY-ST-ZIP

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Secretary of State

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