


AMOUNT DUE ON OR BEFORE 07/20/99: \$550 (IF UNPAID, BUSINESS AMOUNT DUE TO REINSTATE: \$100)

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90009 020 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000045471
 1. Corporation Name
TERRA WEST CORP.



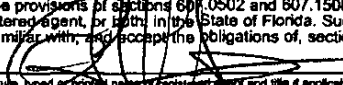
Principal Place of Business 2906 DOUGLAS ROAD STE 102 CORAL GABLES FL 33134	Mailing Address 2906 DOUGLAS ROAD STE 102 CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1998	
21	22	26	27	4. FEI Number 61-0838711	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent OLVEROS, RODOLFO 2906 DOUGLAS ROAD STE 102 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
				81 Name	EMILIO J. ALVAREZ		
				82 Street Address (P.O. Box Number is Not Acceptable)	2906 DOUGLAS RD #102		
				83	CORAL GABLES FL 33134		
				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:  DATE: **July 27, 1999**

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	ALVAREZ, EMILIO J	1.2 NAME	
STREET ADDRESS	6740 S.W. 78TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SO. MIAMI FL 33143	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ARMAS, ALBERTO	2.2 NAME	
STREET ADDRESS	266 MIAMI SPRINGS AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, RODOLFO	3.2 NAME	
STREET ADDRESS	418 WEST 13TH ST.	3.3 STREET ADDRESS	604 SW 68 AVE
CITY-ST-ZIP	HALEAH FL 33010	3.4 CITY-ST-ZIP	MIAMI FL 33144
TITLE		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		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	

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 reports 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:  DATE: **July 10, 1999**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)