FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000006561 (4)**

1. Corporation Name
TIERRA, INC.

Principal Place of Business
5909 B BRECKENRIDGE PKWY
TAMPA FL 33610

Mailing Address
5909 B BRECKENRIDGE PKWY
TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **11/20/1992**
3a. Date of Last Report: **03/03/1994**
4. FEI Number: **59-3154723** ☐ 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

MAHIQUEZ, LUIS F
5909 B BRECKENRIDGE PKWY
TAMPA FL 33610

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

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MAHIQUEZ, LUIS F.
STREET ADDRESS	5909 B BRECKENRIDGE PKWY
CITY-ST-ZIP	TAMPA FL
TITLE	S
NAME	ROBERTSON, MARGARET A.
STREET ADDRESS	3109 SPRING FOREST RD., SUITE 200
CITY-ST-ZIP	RALEIGH NC
TITLE	VPD
NAME	ROBERTSON, MARGARET A.
STREET ADDRESS	STE 200 3109 SPRING FOREST RD
CITY-ST-ZIP	RALEIGH NC
TITLE	D
NAME	MATTHEWS, LAWRENCE R
STREET ADDRESS	95 FAMILY LANE
CITY-ST-ZIP	HAMPSTEAD NC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change ☐ Addition
2 TITLE	☐ Change ☐ Addition
3 TITLE	☐ Change ☐ Addition
4 TITLE	☒ Change ☐ Addition — Delete - No longer an officer of the company.
5 TITLE	☐ Change ☐ Addition
6 TITLE	☐ Change ☐ Addition

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(1)(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.

SIGNATURE: Luis F. Mahiquez 3/15/95 (813) 626-7775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0002967 CP