

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

FILED

Jan 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **465839**

(9)

1. Corporation Name

TERRY ESTATES CORPORATION

Principal Place of Business

325 LEUCADENDRA DR.  
CORAL GABLES FL 33156

Mailing Address

325 LEUCADENDRA DR.  
CORAL GABLES FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1974

4. FEI Number

65-0083607

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30, ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ROSSO, JORGE L.  
999 SOUTHBAY SHORE DRIVE  
MIAMI FLORIDA 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ROSSO, CARMEN D  
STREET ADDRESS 325 LEUCADENDRA DR  
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ DELETE

NAME ROSSO, JORGE I.  
STREET ADDRESS 325 LEUCADENDRA DR  
CITY-ST-ZIP CORAL GABLES FL

TITLE TSD ☐ DELETE

NAME ROSSO, JORGE L.  
STREET ADDRESS 325 LEUCADENDRA DR.  
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ DELETE

NAME ROSSO, CARMEN T.  
STREET ADDRESS 325 LEUCADENDRA DR.  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Rosso, Carmen D.  
1.3 STREET ADDRESS 5731 S.W. 107 St.  
1.4 CITY-ST-ZIP Miami FL 33156

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Rosso, Jorge I.  
2.3 STREET ADDRESS 5731 S.W. 107 St.  
2.4 CITY-ST-ZIP Miami FL 33156

3.1 TITLE TSD ☒ Change ☐ Addition

3.2 NAME Rosso, Jorge L.  
3.3 STREET ADDRESS 5731 S. W. 107 St.  
3.4 CITY-ST-ZIP Miami FL 33156

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME Rosso, Carmen T.  
4.3 STREET ADDRESS 5731 S.W. 107 St.  
4.4 CITY-ST-ZIP Miami FL 33156

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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: **SIGNATURE REQUIRED**

1-21-98

(305) 574-4768

CR2E034 (10/97)