

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 712224 (5)

1. Corporation Name

1475 TERRA TOWERS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

1475 N.E. 125TH TERR.
NO. MIAMI FL 33161

1475 N.E. 125TH TERR.
NO. MIAMI FL 33161-5215



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified
02/08/1967

3a. Date of Last Report
04/22/1996

4. FEI Number
59-1159693

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

10. Name and Address of New Registered Agent

LUDWIG, LEONARD P
1475 N.E. 125TH TERR APT 607
APARTMENT 605
NORTH MIAMI FL 33161

81 Name WAYNE Mc KEE - PRESIDENT
82 Street Address (P.O. Box Number Is Not Acceptable)
1475 N.E. 125TH TERRACE, APT. 504
83 TERRA TOWERS CONDOMINIUM, INC.
84 City NORTH MIAMI FL 85 Zip Code 33161

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

5-11-97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	SAVARD, JOHN	
STREET ADDRESS	1475 NE 125TH TERR 112	
CITY-ST-ZIP	NO MIAMI FL 33161	
TITLE	SD (EX MOT) SALLY EDGREN	DELETE
NAME	KRUGMAN, BETTY	
STREET ADDRESS	1475 N.E. 125TH TERR. N. MIA., FL.	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	D	DELETE
NAME	BODNER, MARY	
STREET ADDRESS	1475 NE 125TH TERR 114	
CITY-ST-ZIP	NO MIAMI FL 33161	
TITLE	TD	DELETE
NAME	KRUGMAN, BETTY	
STREET ADDRESS	1475 NE 125TH TERR	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	PD	DELETE
NAME	LUGWIG, LEONARD	
STREET ADDRESS	1475 NW 125TH TERR APT 607	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	VD	DELETE
NAME	BORWN, RICHARD	
STREET ADDRESS	1475 NW 125TH TERR	
CITY-ST-ZIP	NO, MIAMI FL	

1.1 TITLE	V.D.	1ST. VICE - PRESIDENT	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME		WAYNE BROOKS	
1.3 STREET ADDRESS		1475 N.E. 125TH TERRACE, APT. 208	
1.4 CITY-ST-ZIP		NORTH MIAMI, FL. 33161	
2.1 TITLE	V.D.	2ND. VICE - PRESIDENT	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME		Sofia Bisiana	
2.3 STREET ADDRESS		1475 N.E. 125TH Terrace, Apt. 606	
2.4 CITY-ST-ZIP		North Miami, FL 33161	
3.1 TITLE	S.D.	SECRETARY	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		SALLY EDGREN	
3.3 STREET ADDRESS		1475 N.E. 125TH TERRACE, APT 209	
3.4 CITY-ST-ZIP		NORTH MIAMI, FL. 33161	
4.1 TITLE	S.	ASSISTANT SECRETARY	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		CATHERINE EVANOFF	
4.3 STREET ADDRESS		1475 N.E. 125TH TERRACE, APT. 605	
4.4 CITY-ST-ZIP			
5.1 TITLE	TD.	TREASURER	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		BETTY KRUGMAN	
5.3 STREET ADDRESS		1475 N.E. 125TH TERRACE, APT. 105	
5.4 CITY-ST-ZIP		NORTH MIAMI, FL. 33161	
6.1 TITLE	P.D.	PRESIDENT (above)	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		WAYNE Mc KEE	
6.3 STREET ADDRESS		1475 N.E. 125TH TERRACE, APT. 504	
6.4 CITY-ST-ZIP		NORTH MIAMI, FL. 33161	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-97

Date

Daytime Phone # 0031684

CR2E037 (9/96)