## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

TERREMARK CENTRE, LTD.



FLORIDA DEPARTMENT OF STATE

## Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A15712 FILED

96 DEC 27 AM 11: 49

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Mailing Address  2601 SOUTH BAYSHORE DRIVE PH-1 MIAMI FL 33133	Principal Office Address 2601 SOUTH BAYSHORE DRIVE PH-1 MIAMI FL 33133			Date Formed or Registered     11/14/1983     3a. Date of Last Report     10/00/1995	5a. Capital Contributions as Shown on record. \$14,247,822.00  5b. Amount of Capital Contributions in FLORIDA to date:	
				10/02/1995  4. State or Country of Formation		
2. Mailing Address	2a. Principal Office Address			FL	\$10,517,922.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 59-2340999	Applied For No: Applicable	
City & State	City & State			7. Certificate of Status Desired		\$8.75 Additional
Zip Country	Zip Country		_	8. Make check payable to: Dept. of State (See reverse side for fee information)		
Name and Address of Current Per	rictornel Amount			10. If changed, new Registered	Acent/Office	
9. Name and Address of Current Registered Agent GOODKIND, BRIAN K. 2601 S. BAYSHORE DR. SUITE 1600 MIAMI FL 33133		Name Name				
		Street Address (P.O. Box Number is Not Acceptable)				
		Suite, Apt. #, etc.				
		City			FL	Zip Code
10a. Pursuant to the provisions of sections 620,1051 and 62 for the purpose of changing its registered office or registered. I am familiar with, and accept the obligations of	stered agent, or both, in the State of Flori	d limited partri da, Such cha	ership organi nge was auth	zed or registered under the laws of th onzed by its general partner(s). I here	e State of Flori by accept the	da, submits this statement appointment of registered
SIGNATURE (Registered Agent Accepting Appointment)				DATE		
A GENERAL PARTNER THAT IS	A CORPORATION, L BE REGISTERED ANI	IMITED D ACTIV	PARTI	NERSHIP OR OTHE H THIS OFFICE.	R BUSI	NESS ENTITY
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Bo		11b.	City, State & Zip Code	11c.	Registration/ Document Number
TERREMARK CENTRE, INC.	2601 S. BAYSHORE DR.,		MIAMI FL 33133 		P96000034574	
					2053 9797-1 576.25	2909 1109-010 ****576.25

Note: General partners way NOT be changed on this form; an amendment must be filed to change a general partner

12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE By:

Manuel D. Medina, Presiden

\_ date **\_12/20/9**6

CR2E003 (6/96