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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

F10287

(3)

1. Corporation Name THE TERRACES APARTMENTS, INC.								
Principal Place o	of Business	Mailing Address					DLI BIBLI BIBLI D	IDAI UTBA BADII ADC
825 SO BAYSHORE DRIVE #1643 825 SO BAYSHORE MIAMI FL 33131 MIAMI FL 33131			RE DRIVE #1643					
					3. Date incorporated or Qualifie 11/06/1980	ad 3a . D	ate of Last F 05/01/1	•
2. Principal Place	ce of Business	2a. Maiing Address			4. FEI Number 59-2033894		F	Applied For
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·					Not Applicable Additional
2		27			5. Certificate of Status Desired			Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	· 🗆		May Be
Zip ∵3	Country	Zip	Country		8. This corporation has liability		a tax under s	199.032,
4	25 9. Name and Address of Curre	nt Registered Agent	[30]			Yes 🗌 No		
	g. Hame and Address of Outfet	ur negisieren Agent	81	Name	10. Name and Address of Ne	w Registere	eo Agent	
MENDE	I SON I ALIRANG A							
MENDELSON, LAURANS A 825 SO BAYSHORE DRIVE, SUITE 164		43	82	Street Add	lress (P.O. Box Number is Not Accep	otable)	•	
	EL 33131	•••	83		VIIIVA - ALL MARIE - M			
			84	Oity			T1 -	
						F		p Code
or registered	the provisions of Sections 607.0502 d agent, or both, in the State of Flori , and accept the obligations of, Sec	ida. Such change was autho	rized by the corp	iameo corpo oration's boa	iration submits this statement for the ard of directors. I hereby accept the a	purpose of i appointment	changing its i as registered	registered office I agent. I am
	, , , , , , , , , , , , , , , , ,	tion 607.0505, Florida Statul	tes.					
SIGNATURE s	gnature, lyped or printed namic of registered agen	care the haplicalls.	tes. NOTE: Registered Agen			DAFE		
SIGNATURE si	gnature, lyped or printed namic of registered agin OFFICERS AN	ca o tro Tapicalis. ID DIFECTORS	(NOTa: Begislered Agen			DATE		
SIGNATURE SI 12.	gnature. Işşerd or printed namıc of respice ed açım OFFICERS AN PD	care the Tapplicable. ID DIRECTORS	(NOTs: Registered Agen 13. 1,111/LE		ec when reinstating)	DATE	ND DIRECTO	DRS IN 12
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SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-29-9C (305)374-1744

Date: Date: