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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F10287

(3)

Mailing Address

THE TERRACES APARTMENTS, INC.

or (

FILED

Apr 21 1997 8:00am

Secretary of State

825 SO BAYSHORE DRIVE #1643 MIAMI FL 33131		825 SO BAYSHORE DRIVE #1643 Miami FL 33131-2920							
						3. Date incorporated or Qualified 11/06/1980	3a. Date of La 05/01/199		
2. Principal Place of Business 28. Mailing Address						4. FEI Number		Applied For	
	RICKELL BAY DRIV		LL	BAY	DRIVE	59-2033894		Not Applicable	
Suite, Apt :	*.etc -111 SUITE 1643 -	Suite, Apt. #, etc. 27 TOWER 111 SUITE 1643			1643	6. Certificate of Status Desired	1 7	75 Additional ee Required	
MIAMI	, FL	Čity & State 28 MIAMI, FL			· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing Trust Fund Contribution	Added to Fees		
Zip 24 33131	Country 25 USA	7ip 29 33131	30	Country USA			Yes No	ler s. 199.032,	
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Re	gistered Agent		
MENDELSON, LAURANS A					Name				
	SO BAYSHORE DRIVE, SUITE 16 JII FL 33131	43				ess (P.O. Box Number is Not Acceptable)			
				83		!			
				84	City		PL	Zip Code	
office or reagent. Lar SIGNATURE	in the provisions of Sections 607.0502 egistered agent, or both, in the State or tamiliar with, and accept the obligations are supplied to the colligian and accept the colligian are supplied to the collisions and the collisions are supplied to the col	rand 607,1508, Florida Statut of Florida Such change was tions of, Section 607,0505, Fl	ies, ti autho orida	ne above prized by Statutes	e-named corpo the corporations.	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of chango of the appointmen	ng its registered it as registered	
- Cocara a company	Sharatics - typed or per triair an elof regelered agen		E Reg	estered Age	nt signature required		DATE		
12.	OFFICERS AND		4	13.		ADDITIONS/CHANGES TO OFFIC			
THEE	PD LANDER CON LANDANC A	DELETE		1.1 TITLE			Cha	inge 🔲 Addition	
EMAM:	MENDELSON, LAURANS A 825 SO BAYSHORE DR #1643		1	1.2 NAME					
STREET ADDRESS	MIAMI, FL 33131		1	1.3 STREET	ì				
DAY ST ZP	8	DELETE		14 CITY- S 2.1 TITLE	1-219		☐ Cna	noe Addition	
NAME	MENDELSON, ARLENE	Band 8	- 1	2.2 NAME	1			40 22000	
STREET ADDRESS	825 SO BAYSHORE DR #1643		- 1	2.3 STAEET	ADDRESS				
City-ST Zin	MIAMI, FL 33131		1	2 4 CITY-	· · · · · · · · · · · · · · · · · · ·				
PILE	V	X DELETE		3 1 TITLE			Cha	inge Addition	
NAME.	PAUL, JOSEPH A.	•	ı	3.2 NAMÉ					
STREET ADDRESS	825 S BAYSHORE DR		1	3 3 STREET	ADDRESS				
Crity SI-ZIP	MIAMI FL			3.4. CITY-	ST - 21P				
THA	AS	☐ DELETE	ı	4.1 TITLE			☐ Cha	tnge	
NAME	VETTER, JUDITH		- [4. 2 NAME	İ				
STREET ADDRESS	825 S BAYSHORE DR.		ı	4.3 STREET					
C-1Y-57 7IP	MIAMI FL	T severe		4.4 CITY-S	I-ZIP				
11116		DELETE	- (5.1 DTLE			Cha	inge Addition	
NAME				5.2 NAME					
STREET ADDRESS			ı	5 3 STREET					
COTY-ST ZIF TIGHT	10.5 to 1 10.00 to 10.000 to 10.000 for market to	DELETE		5.4 CITY-5 6.1 TITLE	ii-ZIP		Cha	inge Addition	
1		□ NECCIE	1		}		L. Cita	uðe 🗂 vitalliðti	
NAMs			1	6.2 NAME	4000000				
\$1RELLADORESS			1	63 STREET	1				
COLY ST ZW		4		6.4 CITY - S	1 - ZIF				

14. It do I ereby 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 supplierental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the disposalism of 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 hold good, or given attachment with an address.

SIGNATURE

LAURANS A. MEDNELSON

911/97 (305) 374-1744