


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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90045 030 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F10287**  
 1. Corporation Name  
**THE TERRACES APARTMENTS, INC.**



Principal Place of Business 825 BRICKELL BAY DR TOWER III, STE 1643 MIAMI FL 33131 US	Mailing Address 825 BRICKELL BAY DR TOWER III, STE 1643 MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>11/06/1980</b>
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4. FEI Number <b>59-2033894</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MENDELSON, LAURANS A**  
**825 SO BAYSHORE DRIVE, SUITE 1643**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOT E: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	MENDELSON, LAURANS A	
STREET ADDRESS	825 SO BAYSHORE DR #1643	
CITY-STATE-ZIP	MIAMI, FL 33131	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MENDELSON, ARLENE	
STREET ADDRESS	825 SO BAYSHORE DR #1643	
CITY-STATE-ZIP	MIAMI, FL 33131	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	VETTER, JUDITH	
STREET ADDRESS	825 S BAYSHORE DR.	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1	TITLE		
1.2	NAME		
1.3	STREET ADDRESS		
1.4	CITY-STATE-ZIP		
2.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2	NAME		
2.3	STREET ADDRESS		
2.4	CITY-STATE-ZIP		
3.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2	NAME		
3.3	STREET ADDRESS		
3.4	CITY-STATE-ZIP		
4.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2	NAME		
4.3	STREET ADDRESS		
4.4	CITY-STATE-ZIP		
5.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2	NAME		
5.3	STREET ADDRESS		
5.4	CITY-STATE-ZIP		
6.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2	NAME		
6.3	STREET ADDRESS		
6.4	CITY-STATE-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, with all other like empowered.

SIGNATURE:  Laurans A. Mendelson 4/22/99 305-374-1744  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)