

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F17109 (2)

1. Corporation Name  
TERREMARK, INC.



Principal Place of Business Mailing Address  
2601 SOUTH BAYSHORE DRIVE. PH-1  
MIAMI FL 33133 2601 SOUTH BAYSHORE DRIVE. PH-1  
MIAMI FL 33133

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/14/1981		3a. Date of Last Report 03/14/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2055691		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

GOODKIND, BRIAN K  
2601 SOUTH BAYSHORE DRIVE  
SUITE 1600  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDINA, MANUEL D.	1.2 NAME	
STREET ADDRESS	2601 SOUTH BAYSHORE DR., PH-1	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33133	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODKIND, BRIAN K	2.2 NAME	
STREET ADDRESS	2601 SO. BAYSHORE DR., SUITE 1600	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33133	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ CISNEROS, TERESA	3.2 NAME	
STREET ADDRESS	2601 SO. BAYSHORE DR., PH-1	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33133	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	600001795496
NAME		5.2 NAME	-04/26/96--01014--027
STREET ADDRESS		5.3 STREET ADDRESS	***1000.00
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Teresa Perez-Cisneros  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 305-856-3200  
Date Daytime Phone #

CR2E034 (12/95)