

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F62298 (7)
1. Corporation Name: TERRANOVA DEVELOPMENT, INC.



Principal Place of Business: C/O FFI, 65 NW 168TH ST., N. MIAMI BCH FL 33169 US
Mailing Address: C/O FFI, 65 NW 168TH ST., N. MIAMI BCH FL 33169 US

3. Date Incorporated or Qualified: 02/12/1982
3a. Date of Last Report: 04/21/1995
4. FEI Number: 59-2164770
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

KASSIN, ROBERTO
65 NW 168TH ST
N. MIAMI BCH FL 33169

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: FL 85

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 type for printed name of officer, director, and the applicable fee

(NOTE: Registered Agent signature required when applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE: PD, NAME: KASSIN, ROBERTO, STREET ADDRESS: 21471 HIGHLAND LAKES BVD, CITY-ST-ZIP: N MIAMI BEACH FL
TITLE: STD, NAME: BESSO, MICHEL, STREET ADDRESS: 2001 NE 214TH TERRACE, CITY-ST-ZIP: N MIAMI BEACH FL
TITLE: , NAME: , STREET ADDRESS: , CITY-ST-ZIP: ☐ DELETE
TITLE: , NAME: , STREET ADDRESS: , CITY-ST-ZIP: ☐ DELETE
TITLE: , NAME: , STREET ADDRESS: , CITY-ST-ZIP: ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: ☐ Change ☐ Addition
1.2 NAME: ☐ Change ☐ Addition
1.3 STREET ADDRESS: ☐ Change ☐ Addition
1.4 CITY-ST-ZIP: ☐ Change ☐ Addition
2.1 TITLE: ☐ Change ☐ Addition
2.2 NAME: ☐ Change ☐ Addition
2.3 STREET ADDRESS: ☐ Change ☐ Addition
2.4 CITY-ST-ZIP: ☐ Change ☐ Addition
3.1 TITLE: ☐ Change ☐ Addition
3.2 NAME: ☐ Change ☐ Addition
3.3 STREET ADDRESS: ☐ Change ☐ Addition
3.4 CITY-ST-ZIP: ☐ Change ☐ Addition
4.1 TITLE: ☐ Change ☐ Addition
4.2 NAME: ☐ Change ☐ Addition
4.3 STREET ADDRESS: ☐ Change ☐ Addition
4.4 CITY-ST-ZIP: ☐ Change ☐ Addition
5.1 TITLE: ☐ Change ☐ Addition
5.2 NAME: ☐ Change ☐ Addition
5.3 STREET ADDRESS: ☐ Change ☐ Addition
5.4 CITY-ST-ZIP: ☐ Change ☐ Addition
6.1 TITLE: ☐ Change ☐ Addition
6.2 NAME: ☐ Change ☐ Addition
6.3 STREET ADDRESS: ☐ Change ☐ Addition
6.4 CITY-ST-ZIP: ☐ Change ☐ Addition

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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTO KASSIN 6/3/96

304/664,500

CR2E034 (3/96)