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Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90080 035 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F62298

1. Corporation Name  
TERRANOVA DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

115 NW 167TH STREET  
SUITE 300  
N. MIAMI BCH FL 33169  
US

115 NW 167TH STREET  
SUITE 300  
N. MIAMI BCH FL 33169  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1982

4. FEI Number

59-2164770

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 19355 Turnberry Way

Suite, Apt. #, etc.

22 City & State

27 Tower Suite CD

City & State

23 Zip Country

28 Aventura, FL

29 33180 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KASSIN, ROBERTO  
115 NW 167TH STREET  
SUITE 300  
N. MIAMI BCH FL 33169

81 Name

Roberto Kassin

82 Street Address (P.O. Box Number is Not Acceptable)

21471 Highland Lakes Blvd.

83

84 City

North Miami Beach

FL

85 Zip Code

33179

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 PD ☐ DELETE  
NAME KASSIN, ROBERTO  
STREET ADDRESS 21471 HIGHLAND LAKES BVD  
CITY-ST-ZIP N MIAMI BEACH FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE STD ☐ DELETE  
NAME BESSO, MICHEL  
STREET ADDRESS 2001-NE 214TH TERRACE  
CITY-ST-ZIP N MIAMI BEACH FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 19355 Turnberry Way, Tower Suite CD  
2.4 CITY-ST-ZIP Aventura, FL 33180

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

Date

Daytime Phone #