

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

APPROVED
AND
FILED

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1996 MAR 27 PM 2: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G56064** (0)

1. Corporation Name

TERREMARK AT BAYSHORE, INC.



Principal Place of Business

**2601 S BAYSHORE DRIVE
PENTHOUSE 1
MIAMI FL 33133
US**

Mailing Address

**2601 S BAYSHORE DRIVE
PENTHOUSE 1
MIAMI FL 33133
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

08/15/1983

3a. Date of Last Report

03/14/1995

4. FEI Number

59-2342925

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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's signature is not required when removing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDT	☐ DELETE
NAME	MEDINA, MANUEL D.	
STREET ADDRESS	2601 S BAYSHORE DRIVE, PH-1	
CITY- ST- ZIP	MIAMI FL 33133	
TITLE	S	☐ DELETE
NAME	GOODKIND BRIAN K.	
STREET ADDRESS	2601 S BAYSHORE DR., SUITE 1600	
CITY- ST- ZIP	MIAMI FL 33133	
TITLE	VD	☐ DELETE
NAME	PEREZ-CISNEROS TERESA	
STREET ADDRESS	2601 S BAYSHORE DRIVE, PH-1	
CITY- ST- ZIP	MIAMI FL 33133	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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00-27796-01023-000
***200.00 ***200.00

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)(b), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian K. Goodkind,

3/26/96 (305) 858-5555

Signature: [Signature]

CR2E034 (12/95)