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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **G56064** **(0)**

1. Corporation Name
TERREMARK AT BAYSHORE, INC.

Principal Place of Business	Mailing Address
2601 S BAYSHORE DRIVE PENTHOUSE 1 MIAMI FL 33133 US	2601 S BAYSHORE DRIVE PENTHOUSE 1 MIAMI FL 33133-5417 US

3. Date Incorporated or Qualified: 08/15/1983
3a. Date of Last Report: 03/27/1996

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

2. Principal Place of Business	2a. Mailing Address
21 c/o Private Trust Corporation	26 c/o Karp & Genauer, P.A.
Suite, Apt. # etc. 22 PO Box N65 Charlotte Street	Suite, Apt. #, etc. 27 2 Alhambra Circle
City & State 23 Nassau, Bahamas	City & State 28 Coral Gables, FL
Zip 24	Country 25
Zip 29 33134	Country 30

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: Alhambra Registered Agents, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 2 Alhambra Circle
83 Suite 1202
84 City: Coral Gables FL 85 Zip Code: 33134

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: Joel D. Karp ARA Pres. 2/17/97
Signature of for profit or not for profit corporation's 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 ☒ DELETE	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	MEDINA, MANUEL D.	1.2 NAME	Evans, Peter Burnett
STREET ADDRESS	2601 S BAYSHORE DRIVE, PH-1	1.3 STREET ADDRESS	Charlotte Street, 2nd Floor
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	Nassau, Bahamas
TITLE	S ☒ DELETE	2.1 TITLE	DV ☒ Change ☐ Addition
NAME	GOODKIND BRIAN K.	2.2 NAME	Crosbie-Jones, Adrian
STREET ADDRESS	2601 S BAYSHORE DR., SUITE 1600	2.3 STREET ADDRESS	Charlotte Street, 2nd Floor
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	Nassau, Bahamas
TITLE	VD ☒ DELETE	3.1 TITLE	DST ☒ Change ☐ Addition
NAME	PEREZ-CISNEROS TERESA	3.2 NAME	Carpenter, Roger
STREET ADDRESS	2601 S BAYSHORE DRIVE, PH-1	3.3 STREET ADDRESS	Charlotte Street, 2nd Floor
CITY-ST-ZIP	MIAMI FL 33133	3.4 CITY-ST-ZIP	Nassau, Bahamas
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Adrian Crosbie-Jones, Vice President 2/18/97 809-323-8577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #