

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

**APPROVED
AND
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95 MAY -1 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J74438** (9)
1. Corporation Name
TERRA HOLDING COMPANY, INC.

Principal Place of Business Mailing Address
% JONATHAN CAMERON-HAYES
400 N. CONGRESS AVE.
W PALM BEACH FL 33401
US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 3a. Date of Last Report
05/27/1987 04/22/1994
4. FEI Number Applied For
65-0004168 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
7. This Corporation has liability for intangible tax under S. 195.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CAMERON-HAYES, JONATHAN
400 N. CONGRESS AVE.
~~SUITE 602~~
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3 **DELETE SUITE 602**
B4 City FL B5 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 _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RISTOW, LUTZ R.
STREET ADDRESS	400 N. CONGRESS AVE.
CITY ST ZIP	W. PALM BCH. FL
TITLE	D
NAME	HELLMANN, JOST
STREET ADDRESS	400 N. CONGRESS AVE.
CITY ST ZIP	W. PALM BCH. FL
TITLE	VSD
NAME	CAMERON-HAYES, JONATHAN
STREET ADDRESS	400 N. CONGRESS AVE.
CITY ST ZIP	W. PALM BCH. FL
TITLE	VTD
NAME	MILLER, FRANK A. JR.
STREET ADDRESS	400 N. CONGRESS AVE.
CITY ST ZIP	W PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(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:  CAMERON-HAYES 5/1/95 407 686 6968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR