

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L65497** (4)

1. Corporation Name

TERRANOVA SYSTEMS, INC.



Principal Place of Business

Mailing Address

% PAUL MORROW
7761 N.W. 187TH TERRACE
MIAMI FL 33015

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7761 N.W. 187TH TERRACE
MIAMI FL 33015

3. Date Incorporated or Qualified

04/12/1990

3a. Date of Last Report

03/28/1995

4. FEI Number

65-0224295

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

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORROW, PAUL
7761 N.W. 187TH TERRACE
MIAMI FL 33015**

81 Name

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

83

84 City

FL

85 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

Signature of person authorized to file this report (e.g., President, Secretary, Treasurer, etc.)

Signature of Registered Agent (signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME **PSD MORROW, PAUL**
STREET ADDRESS **7761 NW 187TH TERRACE**
CITY-STATE-ZIP **MIAMI FL**

2.1 TITLE ☐ DELETE

NAME **VICE PRESIDENT & TREASURER**
STREET ADDRESS **RICARDO TALANAS**
CITY-STATE-ZIP **5215 SW 102 PL MIAMI FL 33165**

3.1 TITLE ☐ DELETE

NAME **VICE PRESIDENT & TREASURER**
STREET ADDRESS **RICARDO TALANAS**
CITY-STATE-ZIP **5215 SW 102 PL MIAMI FL 33165**

4.1 TITLE ☐ DELETE

NAME **VICE PRESIDENT & TREASURER**
STREET ADDRESS **RICARDO TALANAS**
CITY-STATE-ZIP **5215 SW 102 PL MIAMI FL 33165**

5.1 TITLE ☐ DELETE

NAME **VICE PRESIDENT & TREASURER**
STREET ADDRESS **RICARDO TALANAS**
CITY-STATE-ZIP **5215 SW 102 PL MIAMI FL 33165**

6.1 TITLE ☐ DELETE

NAME **VICE PRESIDENT & TREASURER**
STREET ADDRESS **RICARDO TALANAS**
CITY-STATE-ZIP **5215 SW 102 PL MIAMI FL 33165**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul R. Morrow

DATE

1-30-96

DATE

3-5-96-9206

CR2E034 (12/95)