FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:30

DOCUMENT # M17027 (7)

1. Corporation Name
TERREMARK AT COURTHOUSE, INC.

Principal Place of Business	Mailing Address
201 SOUTH BISCAYNE BOULEVARD 1600 MIAMI CENTER MIAMI FL 33131 US	201 SOUTH BISCAYNE BOULEVARD 1600 MIAMI CENTER MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1985
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business	2a. Mailing Address
21 600 Brickell Avenue	26 600 Brickell Avenue
Suite, Apt. #, etc 22 Suite 600	Suite, Apt. #, etc 27 Suite 600
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / Country 24 33131 / 25 USA	Zip / Country 29 33131 / 30 USA

4. FEI Number: 59-2567617 ☐ 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

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OFMIAMI
201 SOUTH BISCAYNE BOULEVARD
1600 MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Lynn B. Lewis, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1101 Brickell Avenue
83: Suite 703
84 City: Miami FL 85 Zip Code: 33131

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 duties of Section 607.0505, Florida Statutes.

SIGNATURE: By: LYNN B. LEWIS, P.A. — Lynn B. Lewis, President — DATE
(Appointed Agent's Name of registered agent and title if applicable) (MUST Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	KISHU, TAN SRI T. J.	12 NAME	
STREET ADDRESS	201 S. BISCAYNE BLVD, 1660 MIAMI CENTER	13 STREET ADDRESS	600 Brickell Ave, Suite 600
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami, FL 33131
TITLE	DV	21 TITLE	☒ Change ☐ Addition
NAME	MONA, PUAN SRI	22 NAME	
STREET ADDRESS	201 S. BISCAYNE BLVD., 1600 MIAMI CENTER	23 STREET ADDRESS	600 Brickell Ave, Suite 600
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	Miami, FL 33131
TITLE	DT	31 TITLE	☒ Change ☐ Addition
NAME	KISHENCHARD, VIJAY	32 NAME	
STREET ADDRESS	201 S. BISCAYNE BLVD., 1600 MIAMI CENTER	33 STREET ADDRESS	600 Brickell Ave, Suite 600
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	Miami, FL 33131
TITLE	DS	41 TITLE	☒ Change ☐ Addition
NAME	KISENCHAND, VINOD	42 NAME	
STREET ADDRESS	201 S. BISCAYNE BLVD., 1600 MIAMI CENTER	43 STREET ADDRESS	600 Brickell Ave, Suite 600
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	Miami, FL 33131
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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: Tan Sri T.J. Kishu 3/22/95 (305) 358-9807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #