Applied For

Not Applicable

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

2666 TIGERTAIL AVE

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90079 017 \*\*\*158.75

	1

1.	OCUMEN I Corporation Name	#	M239	77
	TERREMARK AT	HEN	MISPHERE,	INC.

Principal Flace of Business
C/O VEN-AMERICAN
12955 BISCAYNE BLVD.. #314
NORTH MIAMI FL 33181

2. Principal Place of Business

Mailing Address

2a. Mailing Address

C/O VEN-AMERICAN 12955 BISCAYNE BLVD.. #314 NORTH MIAMI FL 33181

MIAMI FL 33181 DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

11/27/1985

59-2630240

4. FEI Number

<u> </u>	<u> </u>		<del></del>			
Suite, Apt.	#, etc. SUITE 109	Suite, Apt. #, etc.	TE 109	5. Certifcate of Status Desired	**************************************	
City & State		City & State	10,01	6. Electic n Campaign Financing	\$5.00 May Be	
23 CD CD	NUTGROVE, FL		rove, FL	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24 33/	33 $100$ $100$	29 33/33 30	USA	Personal Property Tax.	☐ Yes   ☑No	
	9. Name and Address of Curren:			10. Name and Address of New Register	ed Agent	
			81 Name	ANDREW KRUSS		
Kruss, andrew			82 Street Audress (P.O. Bo:: Number is Not Acceptable)			
12955 BISCAYNE BLVD. #314			2 Street Andress (F.O. BUT NUMBER IS NOT ACCEPTABLE) SUITE 109			
NORTH MIAMI FL 33181			83	1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0	· · · · · · · · · · · · · · · · · · ·	
					7:- 0-4-	
			84 City	CONVIT GROVE F	85 Zip Code ろう123	
11 Pureurunt	to the provisions of Sections 607 0500	and 607 1508 Florida Statutes, t	the above-named co	rporation submits this statement for the purpose	of changing its registered	
office or re	egistered agent, or both, in the State 🕬	f Florida. Such change was autho	rized by the corpor a	tion's board of lirectors, I hereby accept the ap	bouittietti as rečistered	
agent. I ar	m familiar with, and a scept the obligat	bas of, Section 607.0505, Florida	Statutes.	100 0 1/2	199	
SIGNATURE	Signature, typed or printed in me of registered figen	and title ( applicable (NO) E- Pan	DREW KRI	USS PRES. 4/2 DATE	0/99	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO DEFICERS	AND DIRECTORS IN 12	
TITLE	DPS OF FIGURE AND	DELETE	1.1 TITLE		Change Addition	
NAME	KRUSS. ANDREW		12 NAME		address:	
i '	12955 BISCAYNE BLVD. #314		1.3 STREET ADDRESS	2666 TIGERTAIL AVE., SUITE 109		
STREET ADDRESS				COCONUT GROVE, FL 33133-4651		
CITY-ST-ZIP	NORTH MIAMI FL 33181	DELETE	1.4 CITY-ST-ZIP	PAUL KAUSS	Change Addition	
TITLE	D	C) pereie	2.1 TITLE	7. VEN-AMERICANO	address	
NAME	KRUSS, PAUL		2.2 NAME	2666 TIGERTAIL AVE., SUITE 100	50,10-	
STREET ADDRESS	12955 BISCAYNE BLVD. #314		2.3 STREET ADDRESS	COCONUT GROVE, FL 33133-4651		
CITY-ST-ZIP	NORTH MIAMI FL 33181		2. 4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE	3.1 TITLE		Change C Addition	
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME		į	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition	
NAME			52 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			64 CITY-ST-ZIP		_	

14. I hereby certify that the informalion 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, with all other like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE & OR DIRECTO

4/20/99 (305) (Daytime Ph

CR2E034 (11/9