

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M96872 (0)

1. Corporation Name  
TERRY OF FLORIDA, INC.

Principal Place of Business  
ONE ALHAMBRA CIRCLE, APT #401  
CORAL GABLES FL 33134

Mailing Address  
PO BOX 14-0965  
CORAL GABLES FL 33114-0965



3. Date Incorporated or Qualified 09/01/1988  
3a. Date of Last Report 05/03/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number 65-0078357  
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

DURAN, ALFREDO G  
2665 SO. BAYSHORE DRIVE  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name JORGE SANCHEZ-GALARRAGA, ESQ.  
82 Street Address (P.O. Box Number is Not Acceptable) 1313 Ponce de Leon Boulevard  
83 Suite 301  
84 City Coral Gables, FL 85 Zip Code 33134-3343

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

3/10/97

(Signature of type for code 1101 of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPS	<input type="checkbox"/> DELETE
NAME	ENRIQUE, LARA	
STREET ADDRESS	ONE ALHAMBRA CIRCLE, APT #401	
CITY- ST- ZIP	CORAL GABLES FL 33134	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LARA, VALENTINA DE	
STREET ADDRESS	ONE ALHAMBRA CIRCLE, APT #401	
CITY- ST- ZIP	CORAL GABLES FL 33134	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	LARA, FRANCES	
STREET ADDRESS	ONE ALHAMBRA CIRCLE, APT #401	
CITY- ST- ZIP	CORAL GABLES FL 33134	
TITLE	TVD	<input type="checkbox"/> DELETE
NAME	LARA, JUAN A	
STREET ADDRESS	ONE ALHAMBRA CIRCLE, APT #401	
CITY- ST- ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DE BELLOSO, MARIA V LARA	
STREET ADDRESS	ONE ALHAMBRA CIRCLE, APT #401	
CITY- ST- ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LARA, MARIA T	
STREET ADDRESS	ONE ALHAMBRA CIRCLE, APT #401	
CITY- ST- ZIP	CORAL GABLES FL 33134	

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 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 supplement 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:

ENRIQUE LARA, President 3/10/97 (305) 774-6360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day: me PT one #

0101275

CR2E034 (9/96)