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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90186 050 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M96872

1. Corporation Name

TERRY OF FLORIDA, INC.

Principal Place of Business

ONE ALHAMBRA CIRCLE, APT #401
CORAL GABLES FL 33134

Mailing Address

PO BOX 140956
CORAL GABLES FL 33114-0956

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1988

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

SANCHEZ-GALARRAGA, JORGE
1313 PONCE DE LEON BLVD
STE 301
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE
NAME ENRIQUE, LARA
STREET ADDRESS ONE ALHAMBRA CIRCLE, APT #401
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE PD ☐ DELETE
NAME LARA, VALENTINA DE
STREET ADDRESS ONE ALHAMBRA CIRCLE, APT #401
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VSD ☐ DELETE
NAME LARA, FRANCES
STREET ADDRESS ONE ALHAMBRA CIRCLE, APT #401
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE TVD ☐ DELETE
NAME LARA, JUAN A
STREET ADDRESS ONE ALHAMBRA CIRCLE, APT #401
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE SVD ☐ DELETE
NAME LARA, MARIA T
STREET ADDRESS ONE ALHAMBRA CIRCLE, APT #401
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ 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

1.1 TITLE D. ☐ Change ☒ Addition
1.2 NAME ALBERTO AZPURUA
1.3 STREET ADDRESS ONE ALHAMBRA CIRCLE APT 401
1.4 CITY-ST-ZIP CORAL GABLES FL 33134

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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 OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-99 (305) 229-8180

CR2E034 (11/98)