

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N23006 (2)**

**TERRANOVA WAREHOUSE CONDOMINIUM NO. 25 ASSOCIATION, INC.**



Principal Place of Business: 2305-2307 W. 77 ST. HIALEAH FL 33016  
Mailing Address: 2305-2307 W. 77 ST. HIALEAH FL 33016

3. Date Incorporated or Qualified <b>10/13/1987</b>	3a. Date of Last Report <b>03/15/1995</b>
4. FEI Number <b>65-0136586</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

**9. Name and Address of Current Registered Agent**

**REYES III, AGUSTIN W.**  
1418 N. E. 104 ST  
MIAMI SHORES FL 33138

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **700001832167**  
**-05/21/96--01054--0034**  
84 City **\*\*\*61.25** 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REYES, AGUSTIN W.	
STREET ADDRESS	375 N.E. 94 ST.	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TAPANES, JORGE T.	
STREET ADDRESS	8260 NW 199TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REYES III, AGUSTIN W.	
STREET ADDRESS	1569 N.E. 105 ST.	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD TAPANES, JORGE T.
2.3 STREET ADDRESS	8260 N.W. 199th ST.
2.4 CITY-ST-ZIP	MIAMI, FL 33015
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PSD REYES III, AGUSTIN W.
3.3 STREET ADDRESS	1418 N.E. 104 ST.
3.4 CITY-ST-ZIP	MIAMI SHORES, FL 33138
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD TAPANES SR., JORGE T.
4.3 STREET ADDRESS	11875 S.W. 19 LANE # 164
4.4 CITY-ST-ZIP	MIAMI, FL 33175
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **AGUSTIN W. REYES III** *[Signature]* 4-24-96 (305) 558-8870  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)