

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 19, 1999 8:00 am
Secretary of State

03-19-1999 90010 019 ****30.63
 03-19-1999 90010 020 ****30.62

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N23006

1. Corporation Name
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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/13/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0136586	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REYES III, AGUSTIN W. 1418 N. E. 104 ST MIAMI SHORES FL 33138				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				1481 NE 104 ST.			
				83			
				84	City	FL	85 Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAPANES, SR., JORGE T			1.2 NAME			
STREET ADDRESS	11875 SW 19 LANE #164			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAPANES, JORGE T.			2.2 NAME	TAPANES, JORGE T.		
STREET ADDRESS	8260 NW 199TH ST			2.3 STREET ADDRESS	8260 NW 199TH STREET		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	MIAMI, FL 33015		
TITLE	PSD	<input type="checkbox"/> DELETE		3.1 TITLE	PSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REYES III, AGUSTIN W.			3.2 NAME	REYES, III, AGUSTIN W.		
STREET ADDRESS	1569 N.E. 105 ST.			3.3 STREET ADDRESS	1481 NE 104 ST		
CITY-ST-ZIP	MIAMI SHORES FL			3.4 CITY-ST-ZIP	MIAMI SHORES, FL 33138		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 617, 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 REQUIRED
 Signature and typed or printed name of signing officer or director
 Date: 01/24/99 (305) 558-8870
 Daytime Phone #

0094708

CR2E037 (1-1/98)