

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 3, 1996.
AMOUNT DUE ON FILE FOR 1995 \$24.00 (IF PROPOSED FILING DATE IS BEFORE 8-3-96)

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

1995
1996

DOCUMENT # P94000023289 (9)

1. Corporation Name

TERRAFIDES, INC.

Principal Place of Business

520 Brickell Avenue
Suite 0-305
Miami, Fla. 33130

Mailing Address

520 Brickell Avenue
Suite 0-305
Miami, Fla. 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/25/94

3a. Date of Last Report

4/27/95

2. Principal Place of Business

2a. Mailing Address

21 66 West Flagler St.

26 66 West Flagler St.

4. FET Number

65-0486786

Applied For

Not Applicable

22 Suite 700

27 Suite 700

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 Miami, Florida

28 Miami, Florida

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 33130

25 USA

29 33130

30 USA

8. This corporation has liability for intangible tax under s. 199.032

Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Frank D. Newman
520 Brickell Key Drive, Suite 0-305
Miami, Florida 33130

81 Name

Frank D. Newman

82 Street Address (P.O. Box Number is Not Acceptable)

66 West Flagler Street

83 Suite 700

84 City

Miami

FL

85 Zip Code

33130

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 board applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

4-25-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
Frank D. Newman
66 West Flagler St., Ste. 700
Miami, Florida 33130

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

300001806693
-05/03/96--01032--024
***200.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frank D. Newman, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

305/374-0109

Date

Daytime Phone #

CR2E034 (3/95)