SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9500006397 (0)

U.S.A. TERRA-MAR INVESTMENT, INC.						
Principal Place of Business Mailing Address					r somstonel and reside Mistr (Optiv) Mistr (O	III EBITE ODING BUIDD HIIID IBIH IBDH (DD)
382 5TH AYENUE SOUTH 382 5TH AYEN NAPLES FL 33940 NAPLES FL 33			UTH			
					 Date Incorporated or Qualified 01/20/1995 	3a. Date of Last Report
2. Principa! Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		<u>65-0558316</u>	Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State			Fee Required	
23	-	[28]		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip Country		Zip Country		v	8. This corporation has liability for	Added to Fees
24	25	29	30		Florida Statutes	No Service (ax under s. 199.032)
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	
l to	DD, GUDRON R		81	Name		
* 382 5TH AVENUE SOUTH				Street Ad	not Address (P.O. Box Number & Not Acceptable)	
NAPLES FL 33940					(1.0 box (validees (1.0) Not Not Plate)	
			83			
k	,		84	City		FL 85 Zip Code
					poration submits this statement for the pution's board of directors. Thereby accept	
agon. ra	irn famil ar with, and accept the oblig	ations of, Section 607.0505,	Florida Stalutes	3	, , , , , , , , , , , , , , , , , , , ,	
SIGNATURE	Signature, typed or pricted name of registered age	of and lise if anobrabie	MOTE Represent Acc	oct social im mo	uired when reshalating)	DATE
12.		D DIRECTORS	13.	· · · · signarare · eq	ADDITIONS/CHANGES TO OFFIC	
TITLE	D,P,S DELETE		1 1 FITLE			Change Addition
NAME	Joseph E. Drost		1.2 NAME			
STREET ADDRESS 382 Fifth Avenue South		South	1.3 STREET ADDRESS			
CITY - ST - ZIP			14 O(TY+)	ST-ZIP		
TITLE	D, VP, T		2 1 TITLE			Change Addition
NAME	KARIN Huebner-Drost		2.2 NAME	22 NAME		
STREET ADDRESS	ADDRESS 382 Fifth Avenue South		2.3 STREE	r address		
CITY - ST - ZIP	1-78 Nanlee F1 339//0		2 4 CITY -	S1 - ZIP		
TIFLE	maples, II 33340		3 1 TITLE	□		Change Addition
NAME CIRCLI ADDOCCO			3.2 NAME			
STREET ADDRESS			3 3 STREET			
CITY-ST-ZIP TITLE		DELETE	3.4 CITY -	ST-ZIP		
NAME			4.1 TIFLE			Change Addition
STREET ADDRESS			4 2 NAME	1.0000000		
CITY-ST-ZIP			4.3 STREET	7	80000189	1658
TITLE	DELETE		4.4 CITY - S 5.1 TITLE	DI - ZIP	-07/12/960100 ***225.00	04-045 Change Addition
NAME			5.2 NAME		***225.00	Change Addition
STREET ADDRESS			5.3 STREET	ADDRESS		1)/01/9
CITY - ST - ZIP			5.4 CiTY - 8	ļ	R	7/21/
THTLE		DELETE	61 TIFLE			Change Addition
NAME			6.2 NAME			7
STREET ADDRESS			63STREET	ADDRESS		V
CITY-ST-ZIP			6.4 C(1) - S	ST - ZIP		
14. I do hereb further de	by certify that the information supplies	d with this filing is voluntarily	furnished and o	does not qua	alify for the exemption stated in Section 1	19 07(3)(k), Florida Statutes T

• 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 1 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 an all office 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 Florid. 12 or Block 13 of changed, gifting an attachment with an address.

ME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

06.10.96/(94)-261-0808