FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000034574 (9)

TERREMARK CENTRE, INC.

Principal Place of Business

)

Mailing Address

SOM COURTH DAVORAGE COME DILL

2601 SOUTH BAYSHORE DRIVE PHA

FILED Apr 25 1997 8:00am Secretary of State



MIAMI FL 33133	MIAMI FL 33133-5417	9*2 East 0 5 T 0			
	·		3. Date incorporated or Qualified 04/19/1996	3a, Date of Last Report	
2. Principal Place of Business c/o Priva	Mailing Address/o	Karp &	4. FEI Number	Applied For	
21 Trust Corporation	26 Genauer		65-0675916	Not Applicable	
Suite, Apt #, etc. PO Box N-65, Charlotte	Suite, Apt. #, etc. 2 Alhambra	Plaza, #12	205 Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State Street 23 Nassau Bahamas	City & State 28 Coral Gabl	es Et Cor	8. Election Campaign Elnancing	\$5.00 May Be Added to Fees	
Zip Country	Zip Zip	Country	This corporation has liability for in		
24 25	L '	0		Yes No	
g. Name and Address of Current			10. Name and Address of New Reg	latered Agent	
GOODKIND, BRIAN K		81 Name	bra Registered Age	ents. Inc.	
2601 SOUTH BAYSHORE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 1600		2 Alha	ambra Plaza		
MIAMI FL 33133			83 Suite 1202		
			l Gables	FL 85 Z33134	
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am Camilian with, and accept the obligation 	and 607,1508, Florida Statutes	the above-named corporation	oration submits this statement for the pu	rpose of changing its registered	
agent. I am familiar with, and accept the obligati	ons of, Section 607,0505, Flori	da Statutes.	4/,	2107	
SIGNATURE JAW JA K	up pres	ARA LOW	c 4/	2/97	
Signature (typed or posted name of registered adjust OFFICERS AND		Registered Agent signature require	ADDITIONS/CHANGES TO OFFICE	PRIE	
TILE OFFICERS AND	X DELETE	1.1 TITLE	DP	RS AND DIRECTORS IN 12	
NAME MEDINA, MANUEL D	ALL DELETE	1.2 NAME	Evans, Peter Bur		
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE	. PH-1	1.3 STREET ADDRESS	•	2-4 23	
City-St-ZiP MIAMI FL 33133	.,	1.4 CITY-ST-ZIP	Charlotte House	nett, 2nd Floor	
THILE D	& DELETE	2.1 TITLE	- Nassau, Bahamas DV	Change Addition	
NAME PEREZ-CISNEROS, TERESA		2.2 NAME	Crosbie-Jones, A	Adrian	
STREET APPORESS 2601 SOUTH BAYSHORE DRIVE	, PH-1	23 STREET ADDRESS	Charlotte House	4	
CITY-ST-ZIF MIAMI FL 33133		2. 4 CITY-ST-ZIP	Nassau, Bahamas		
TITLE	☐ DELETE	3.1 TITLE	DST	Change Addition	
NAME		3.2 NAME	Carpenter, Roger	224 27	
STREET ADDRESS		3.3 STREET ADDRESS	Charlotte House	, ZNG FI.	
Crty+\$1-ZiP		3.4. CITY-ST-ZIP	Nassau, Bahamas		
TITLE	☐ DELETE	4.1 TITLE		Change Addition	
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS		, (
CITY - ST - ZIP	T perese	4.4 CITY-ST-ZIP		A Character Landson	
TIFLE	DELETE	5.1 TITLE		Change Addition	
NAME	•	52 NAME		IN ULD #GH	
STREET ADDRESS		5 3 STREET ADDRESS		4114	
CITY-ST-ZIP	☐ DELETE	5.4 C(TY - SY - ZIP		Charige Addition	
THE		61 TITLE		C Shange C Mountain	
NAME		6.2 NAME	. H 20		
STREET ADDRESS		6.3 STREET ADDRESS	OK OGO 11007/3V/) Florida Statuta		
14. I do horeby certify that the information supplied	with this filing does not qualify			. 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 composition or the receiver of 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 changing, or on an alternative that an address.					
SIGNATURE: Adrian Crosbie-Jones, Vice President 2/18/97 809-313-857+ Date 2/18/97 809-313-857+ Date 2/18/97 809-313-857+					