

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90010 046 ***150.00

DOCUMENT # P97000016029

1. Corporation Name

TERREMARK FINANCIAL SERVICES, INC.

Principal Place of Business

2601 SOUTH BAYSHORE DRIVE
PH-1
MIAMI FL 33133

Mailing Address

2601 SOUTH BAYSHORE DRIVE
PH-1
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1997

4. FEI Number

65-0738864

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

GOODKIND, BRIAN K
2601 SOUTH BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

Ellen M. Leibovitch

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

2601 South Bayshore Drive, Suite 1600

83 Suite 1600

84 City

Miami

FL

85 Zip Code
33133

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

Ellen M. Leibovitch April 20, 1999

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DPT
STREET ADDRESS MEDINA, MANUEL D
CITY-ST-ZIP 2601 SOUTH BAYSHORE DRIVE, PH-1
MIAMI FL 33133

TITLE ☒ DELETE

NAME DVAS
STREET ADDRESS PEREZ-CISNEROS, TERESA
CITY-ST-ZIP 2601 SOUTH BAYSHORE DRIVE, PH-1
MIAMI FL 33133

TITLE ☐ DELETE

NAME S
STREET ADDRESS GOODKIND, BRIAN K
CITY-ST-ZIP 2601 S BAYSHORE DR, STE 1600
MIAMI FL 33133

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DVP ☒ Change ☐ Addition

1.2 NAME Medina Manuel D.

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE DP ☐ Change ☒ Addition

2.2 NAME Biondi, William J.
2.3 STREET ADDRESS 2601 South Bayshore Drive, PH 1
2.4 CITY-ST-ZIP Miami, Florida 33133

3.1 TITLE DVPS ☒ Change ☐ Addition

3.2 NAME Goodkind, Brian K.
3.3 STREET ADDRESS 2601 South Bayshore Drive, PH1
3.4 CITY-ST-ZIP Miami, Florida 33133

4.1 TITLE DT ☐ Change ☒ Addition

4.2 NAME Padron, Irving A.
4.3 STREET ADDRESS 2601 South Bayshore Drive, PH 1
4.4 CITY-ST-ZIP Miami, Florida 33133

5.1 TITLE DVP ☐ Change ☒ Addition

5.2 NAME Katz, Michael L.
5.3 STREET ADDRESS 2601 South Bayshore Drive, PH 1
5.4 CITY-ST-ZIP Miami, Florida 33133

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME Jacobsen, Edward P.
6.3 STREET ADDRESS 2601 South Bayshore Drive, PH 1
6.4 CITY-ST-ZIP Miami, Florida 33133

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

SIGNATURE:

Brian K. Goodkind 4/20/99 (305) 860-7878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0194651