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Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000041399

1. Corporation Name
A.N.I. - TERRAZAS, Inc.

Principal Place of Business	Mailing Address
2665 S. Bayshore Dr. Suite 101 Coconut Grove, FL 33133	2665 S. Bayshore Dr. Suite 101 Coconut Grove, FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: MAY 9, 1997

2. Principal Place of Business	2a. Mailing Address
21 2665 S. Bayshore Dr	26 2665 S. Bay
22 Suite, Apt. #, etc. Suite 202	27 Suite, Apt. #, etc. Suite 202
23 City & State Coconut Grove, FL	28 City & State Coconut Grove, FL
24 Zip 33133 / 25 Country	29 Zip 33133 / 30 Country

4. FEI Number: 65-0751647 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LYNN Washington 701 Brickell Avenue Miami FL 33131	81 Name: Richard E. DeAth, JR. 82 Street Address (P.O. Box Number is Not Acceptable): 2665 S. Bayshore Dr 83 Suite 202 84 City: Coconut Grove 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 _____ 7-3-98
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WOLFSON, Louis III 2665 S. Bayshore Dr Suite 202 Coconut Grove, FL 33133 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOHL, Michael D. 2665 S. Bayshore Dr Suite 202 Coconut Grove FL 33133 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D David Deutch 2665 S. Bayshore Dr Suite 202 Coconut Grove, FL 33133 ☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D Victor Angulo 2665 S. Bayshore Dr. Suite 202 Coconut Grove, FL 33133 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 2/11/98
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 100002428491 -02/12/98--01016--030 ***150.00

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.

SIGNATURE: _____ 2/3/98 305-854-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)