FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 .]! 1999 SEP 10-PM 4: 09 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris SECRETARY OF STATE TALLAHASSEE, FLORIDA ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS DOCUMENT # P970000 54833 TERRA E MARE GRP. OF South FLORIDA. 54807 - 90008 - 75 7 Mailing Address Principal Place of Business 205 GSTANERA ROAD SAME DO NOT WRITE IN THIS SPACE CORAL GABLES, FL, 33143 2. Principal Place of Business 2a. Mailing Address Applied For -077812 Not Applicable Suite, Apt. #, etc. Suite Apt # stc \$8.75 Additional 8. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 8. Election Compaign Financing Trust Fund Contribution Added to Fees 23 20 Zin Country Country 8. This corporation owes the current year Intengible 24 25 29 Personal Property Tax 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 21 MANOTAS, MAY dALEWA. 82 Street Address (P.O. Box Number is Not Acceptable) 205 COSTANEZA ROAD 23 GRAL GABLES FL. 33143 84 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Floride Statutes, the above-named corporation autimitis this statement for the purpose of changing its registered officed or registered agent, or both, in the State of Floride. 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, Floride Statutes.

SIGNATURE

| AMOTAL | 4 - 27 - 99 | ONTE | Propriet of the property of the ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE PREsident. LITALE Change KAYE 1.2 NAME CRZEG34 MAGORLENA MANOTAS 1.3 STREET ADDRESS STREET ACKYRES! 205 GSTANEIZA KOAD 14 CITY-\$1-21 CITY-ST-ZIP GENT GABLES, FL, 33143 Change Addition TITLE 21 IM F 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-71P 2 4 CITY-ST-ZP DELETE ☐ Addition Change TITLE 3.1 TITLE NAME 32 NAME STREET ADORES 3.3 STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-24 DELETE TITLE 4.5 TITLE NAME 6 2 NAME 4.3 STREET ADDRESS STREET ADDRES 44 OTY-S1-ZP CITY-51-ZIP DELETE Addition TITLE SITTLE 52 NAME NANS STREET ADDRES **53 STREET ADDRESS** 54 CITY-ST-2P CFY-ST-ZP DELETE B 1 TITLE TITLE NAME **6.3 STREET ADDRESS** 5-13-49 90008 045 158.00 STREET ADDRES 6.4 CITY-ST-ZIP CITY-ST-ZIP exemption stated in Section 119.07(3Xi), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under ceth; that I am an te this report as required by Chapter 607. Florida Statutes; and that my name appears in AD

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305-6625078