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DIVISION OF CORPORATIONS

99 OCT 28 PM 4:30

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P98000040041

1. Corporation Name

M.G.K. TERRA INVESTMENTS, INC.

Principal Place of Business	Mailing Address
2800 ISLAND BLVD. Suite 402 Aventura,FL.,33160	2800 ISLAND BLVD. Suite 402 Aventura,FL.,33160

08-10-99-90017-048 $150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2800 ISLAND BLVD.
Suite, Apt. # etc. 22	402
City & State 23	Aventura,FL
Zip 24	33160
Country 25	U.S.A.
2a. Mailing Address 26	2800 ISLAND BLVD.
Suite, Apt. #, etc. 27	402
City & State 28	Aventura,FL
Zip 29	33160
Country 30	U.S.A.

3. Date Incorporated or Qualified: May 4, 1998

4. FEI Number: 65-0956172 ☐ 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

9. Name and Address of Current Registered Agent

CABEZAS, MONICA H.
2800 ISLAND BLVD.
Suite 402
Aventura,FL., 33160

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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: Monica H. Cabezas [signature] 10/25/99
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CABEZAS, MONICA H.	
STREET ADDRESS	2800 Island Blvd.# 402	
CITY-ST-ZIP	Aventura, Fl., 33160	
TITLE	VD	☐ DELETE
NAME	HOYOS, GERMAN	
STREET ADDRESS	2800 Island Blvd. # 402	
CITY-ST-ZIP	Aventura, Fl., 33160	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

11/3

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 all other like empowered.

SIGNATURE: Monica H. Cabezas [signature] 10/25/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DAYTIME PHONE #