FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:54

DOCUMENT # J71868 (0)

1. Corporation Name
EL DORADO SHOPPING CENTER, INC.

Principal Place of Business	Mailing Address
3167-3201 N. UNIVERSITY DR SUNRISE FL 33321 US	C/O VICTOR CARDOSO 724 WILLICK ROAD LINDEN NJ 07036

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/08/1987
3a. Date of Last Report: 04/22/1994
4. FEI Number: 65-0002448 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MH REALTY ASSOCIATES, INC.
~~6422 N. W. 5TH WAY~~
~~FORT LAUDERDALE FL 33309~~

10. Name and Address of New Registered Agent

81 Name: MH REALTY ASSOCIATES, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 959 S. W. 71st AVENUE
84 City: NORTH LAUDERDALE, FL 85 Zip Code: 33068

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	ANTUNES, JOSE	1.2 NAME	
STREET ADDRESS	3210 S. OCEAN BLVD APT 703	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	CARDOSO, VICTOR	2.2 NAME	
STREET ADDRESS	724 WILLICK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LINDEN NJ	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	BRAZ, ANTONIO	3.2 NAME	
STREET ADDRESS	14130 JENNIFER TERRACE	3.3. STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	BOTELHO, GEORGE	4.2 NAME	
STREET ADDRESS	420-64TH AVE APT 1206-E	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Victor Cardoso, VP Victor CARDOSO - VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0394636 FP