

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J71868** (0)

1. Corporation Name  
**EL DORADO SHOPPING CENTER, INC.**



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

3. Date Incorporated or Qualified: **05/08/1987**  
3a. Date of Last Report: **03/22/1995**  
4. FEI Number: **65-0002448**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**MH REALTY ASSOCIATES, INC.  
959 SW 71 AVE  
NORTH LAUDERDALE FL 33068**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and the corporation. (Note: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>ANTUNES, JOSE</b>	
STREET ADDRESS	<b>3210 S. OCEAN BLVD APT 703</b>	
CITY - ST - ZIP	<b>HIGHLAND BEACH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/>
NAME	<b>CARDOSO, VICTOR</b>	
STREET ADDRESS	<b>724 WILLYCK ROAD</b>	
CITY - ST - ZIP	<b>LINDEN NJ</b>	
TITLE	<b>S</b>	<input type="checkbox"/>
NAME	<b>BRAZ, ANTONIO</b>	
STREET ADDRESS	<b>14130 JENNIFER TERRACE</b>	
CITY - ST - ZIP	<b>LARGO FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/>
NAME	<b>BOTELHO, GEORGE</b>	
STREET ADDRESS	<b>420-64TH AVE APT 1206-E</b>	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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)(k), 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 - Victor Cardoso 2/6/96 908/925-6940  
DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)