

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 2000



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

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90102 050 ***150.00

DOCUMENT # P93000019613

1. Corporation Name
SHOWPLACE COMMERCIAL PROPERTIES, INC.

R

Principal Place of Business

3050 BISCAYNE BLVD
SUITE 509
MIAMI FL 33137
US

Mailing Address

3050 BISCAYNE BLVD
509
MIAMI FL 33137
US

change address to

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2000 S. Dixie Highway

2a. Mailing Address

2000 S. Dixie Highway

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33133

Country

25 USA

Zip

33133

Country

30 USA

3. Date Incorporated or Qualified

03/12/1993

4. FEI Number

65-0351588

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 owes the current year Intangible

Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

FIELDSTONE, RONALD
200 S BISCAYNE BLVD #2100
STE. 160
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

84 City

FL

85 Zip Code

I, the undersigned, in accordance with 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

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	VD	<input type="checkbox"/> DELETE
NAME	GOUSHAN, LEO	
STREET ADDRESS	450 N PARK RD SUITE 403	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	FIELDSTONE, RONALD R	
STREET ADDRESS	200 S BISCAYNE BLVD #2100	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT / SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RONALD FIELDSTONE	
1.3 STREET ADDRESS	201 Alhambra Cr., Suite 601	
1.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LEO GOUSHAN	
2.3 STREET ADDRESS	450 N. Park Rd., Suite 403	
2.4 CITY-ST-ZIP	Hollywood, Florida 33021	
3.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ABDUL AGHA	
3.3 STREET ADDRESS	6701 Sunset Drive, Suite 200B	
3.4 CITY-ST-ZIP	Miami, Florida 33183	
4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	REZA COLMAR	
4.3 STREET ADDRESS	7010 Mira Flores	
4.4 CITY-ST-ZIP	Coral Gables, Florida 33143	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 reports 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 my address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

VICE PRESIDENT 6/10/00 (305) 856-5858

OFFICER OR DIRECTOR

Daytime Phone