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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N95000004626 (6)**

1. Corporation Name

LAKESIDE COMMERCIAL CENTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13000 SW 133 COURT MIAMI FL 33186	13000 SW 133 COURT MIAMI FL 33186-5855

3. Date Incorporated or Qualified: 09/28/1995
3a. Date of Last Report: 03/11/1996

2. Principal Place of Business
21 13200 S.W. 128 Street
Suite, Apt. #, etc
22 Suite E-1
City & State
23 Miami, Florida
Zip 24 33186 Country 25 USA

2a. Mailing Address
26 13200 S.W. 128 Street
Suite, Apt. #, etc.
27 Suite E-1
City & State
28 Miami, Florida
Zip 29 33186 Country 30 USA

4. FEI Number: 65-6009333 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HENDRIKSE, NELSON
13000 SW 133 COURT
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: Hendrikse, Nelson
82 Street Address (P.O. Box Number is Not Acceptable): 13200 S.W. 128 ST.
83 Suite E-1
84 City: Miami FL 85 Zip Code: 33186

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HENDRIKSE, NELSON 13000 SW 133 COURT MIAMI FL 33186	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Hendrikse, Nelson 13200 S.W. 128 Street, Suite E-1 Miami, Florida 33186	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WONG, LEVY 13000 SW 133 COURT MIAMI FL 33186	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Wong, Levy 13200 S.W. 128 Street, Suite E-1 Miami, Florida 33186	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LAPRADD, WESTLEY 13000 SW 133 COURT MIAMI FL 33186	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	STD LaPradd, Westley 13200 S.W. 128 Street Suite E-1 Miami, Florida 33186	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/20/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0026016