

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

**FILED**

**Jan 16 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 355314**

**(6)**

**1. Corporation Name**  
**TOPEKA SHOPPING CENTER, INC.**



**Principal Place of Business**

**C/O MARTA SANCHEZ  
4131 SW 99 CT.  
MIAMI, FL - 33155**

**Mailing Address**

**C/O MARTA SANCHEZ  
4131 SW 99 CT.  
MIAMI, FL - 33165-5048**

**3. Date Incorporated or Qualified**

**11/14/1969**

**3a. Date of Last Report**

**01/29/1996**

**4. FEI Number**

**59-1351021**

**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**

**2. Principal Place of Business**

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip

**25**  
Country

**2a. Mailing Address**

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip

**30**  
Country

**9. Name and Address of Current Registered Agent**

**MARQUEZ, JOSE M.  
780 NW LEJEUNE RD., STE. 400  
MIAMI FL 33126**

**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**

Signature required for principal place of business and for registered agent and for applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>TD</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>SANCHEZ, ELENA</b>	
<b>STREET ADDRESS</b>	<b>3202 VILLAGE GREEN DR.</b>	
<b>CITY - ST - ZIP</b>	<b>MIAMI FL</b>	
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>MARQUEZ, JOSE M.</b>	
<b>STREET ADDRESS</b>	<b>780 NW LE JEUNE RD.</b>	
<b>CITY - ST - ZIP</b>	<b>MIAMI FL</b>	
<b>TITLE</b>	<b>VD</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>SANCHEZ, CARMEN</b>	
<b>STREET ADDRESS</b>	<b>670 FLAGAMI BLVD.</b>	
<b>CITY - ST - ZIP</b>	<b>MIAMI FL</b>	
<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>SANCHEZ, MARTA V.</b>	
<b>STREET ADDRESS</b>	<b>4131 SW 99TH CT.</b>	
<b>CITY - ST - ZIP</b>	<b>MIAMI FL</b>	
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>11 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12 NAME</b>	
<b>13 STREET ADDRESS</b>	
<b>14 CITY - ST - ZIP</b>	
<b>21 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>22 NAME</b>	
<b>23 STREET ADDRESS</b>	
<b>24 CITY - ST - ZIP</b>	
<b>31 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>32 NAME</b>	
<b>33 STREET ADDRESS</b>	
<b>34 CITY - ST - ZIP</b>	
<b>41 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>42 NAME</b>	
<b>43 STREET ADDRESS</b>	
<b>44 CITY - ST - ZIP</b>	
<b>51 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>52 NAME</b>	
<b>53 STREET ADDRESS</b>	
<b>54 CITY - ST - ZIP</b>	
<b>61 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>62 NAME</b>	
<b>63 STREET ADDRESS</b>	
<b>64 CITY - ST - ZIP</b>	

**14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r), Florida Statutes. I further certify that the information included 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone**

*Wanda S. Sanchez*

*1/8/96*

*305-5538508*

CR2E034 (9/96)