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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 355314

TOPEKA SHOPPING CENTER, INC.

Principal Place of Business C/O MARTA SANCHEZ 4131 SW 99 CT.

Mailing Address C/O MARTA SANCHEZ

4131 SW 99 CT. MIAMI, FL - 33155

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90043 037 ***150.00



DO NOT WRITE IN THIS SPACE MIAMI. FL - 33155 3. Date Incorporated or Qualifed 11/14/1969 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-1351021 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5,00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Zip Country Zip □No Personal Property Tax. 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MARQUEZ, JOSE M. Street Address (P.O. Box Number is Not Acceptable) 82 780 NW LEJEUNE RD., STE. 400 83 MIAMI FL 33126 85 Zip Code 84 City 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. DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Addition ☐ Change DELETE 1.1 TITLE TD TITLE 12 NAME SANCHEZ, ELENA NAME 3202 VILLAGE GREEN DR. 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME MARQUEZ, JOSE M. NAME 2.3 STREET ADDRESS 780 NW LE JEUNE RD. STREET ADDRESS 2. 4 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME SANCHEZ, CARMEN NAME 3.3 STREET ADDRESS 670 FLAGAMI BLVD. STREET ADDRESS 3.4. CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Addition Change ☐ DELETE 4.1 TITLE TITLE 4.2 NAME SANCHEZ, MARTA V. NAME 4.3 STREET ADDRESS 4131 SW 99TH CT. STREET ADDRESS MIAMI FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME

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 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 13 if chapted as on an attachment with an address with all other like empowered. address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

Change

Addition