FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:13

DOCUMENT # **431577** **(6)**

1. Corporation Name
APOPKA SHOPPING PLAZA, INC.

Principal Place of Business	Mailing Address
FLAMINGO PLAZA INC 1281 E. 10TH AVENUE. BAY 53 HIALEAH FL 33010-4210	FLAMINGO PLAZA INC 1281 E. 10TH AVENUE. BAY 53 HIALEAH FL 33010-4210

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/26/1973
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21: 901 EAST 10 AVENUE
Suite, Apt. #, etc. 22: SUITE 11
City & State 23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 59-1617846 ☐ 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

VALDES-FAULI, COBB, PETREY, BISCHOFF, PA
3400 ONE BISCAYNE TOWER
2 SO. BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: SCHARLIN, LANZETTE, COHEN & COBB
82 Street Address (P.O. Box Number is Not Acceptable): 1399 S.W. FIRST AVENUE 4th FLOOR
83:
84 City: MIAMI FL 85 Zip Code: 33131

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DALFEN, CELIA	1.2 NAME	
STREET ADDRESS	8479 DEVONSHIRE PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QC H4P 1S5	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	DALFEN, LAYNE	2.2 NAME	
STREET ADDRESS	5415 PARE W, #215	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QC H4P 1P7	2.4 CITY-ST-ZIP	
TITLE	SDT	3.1 TITLE	☐ Change ☐ Addition
NAME	DALFEN, MURRAY	3.2 NAME	
STREET ADDRESS	8479 DEVONSHIRE PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QC H4P 1S5	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	DALFEN, RHONA	4.2 NAME	
STREET ADDRESS	1281 EAST 10TH AVENUE, BAY 53	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 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 #

0422415 FP