FILE NOW: FILING FE	F AFTER MAY 1 IS S	<u> </u>		
PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTM Sandra B. M Secretary o DIVISION OF COS	ENT OF STATE lortnam f State		
DOCUMENT # 5252	296 (0)			
SOUTHEAST SHOPPING CEN	TERS CORP.			
Principal Place of Business	Mailing Address			OLDHA OYOYA OYOYA BYARIL OYOUT ATOYY YADA
1541 SUNSET DR SUITE 300 CORAL GABLES FL 33143	1541 SUNSET DR CORAL GABLES FL 33143	SUITE 300		
		_	02/07/1977	a. Date of Last Report 05/01/1995
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For Not Applicable
Suite. Apt. #, etc	Suite, Apt. #, etc.		59-1762860 5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	28 Zip 3	Country	8. This corporation has liability for intar] No
24 25 g. Name and Address of C			10. Name and Address of New Regi	stered Agent
HIGIER, GERALD M 1541 SUNSET DR SU CORAL GABLERS FL 33143	ITE 300	82 Street Add 83	ress (P.O. Box Number is Not Acceptable)	85 Zip Code
Pursuant to the provisions of Sections 60 or registered agent, or both, in the State of familiar with, and accept the obligations of			oration submits this statement for the purpos and of directors. Thereby accept the appoint	FL se of changing its registered office ment as registered agent. I am
Signature byed or protect name of register	entaine manufacture many market. (NOTE)	Region of Agest Signature to Le	ood which reachildings	DAFE
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition
TITLE PD HIGIER, GERALD M	DELETE	1 1 T.TLE 12 NAME		- Change - Footies
STREET ADDRESS 1541 SUNSET DR	2000	1.3 STREET ADDRESS 1.4 CITY+ST-ZIP		
CORAL GABLES, FL 00	DELFTE	2 1 THEF		Charige Addition
NAME HIGHER, SANDRA L		2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS 1541 SUNSET DR	1000	2.4 CHY - ST - ZIP		
City-St-ZiP CORAL GABLES, FL 0C	DELETE	3 1 T-ILE		Change Addition
NAME		3.3 STREET ADDRESS		
STREET ADDRESS		3 4 CiTy - ST - ZiF		
City - ST - ZiP	DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS C:TY-ST-2IP		4.4 OHY - ST-ZIP	00000180 	8650 6-02 1
THLE	☐ DELETE	5 1 T ILF	***200.00	<u>. — </u>
Laure		5.2 NAME	***************************************	1.196.10

64 CITY-St-7/P

14. Too hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 of Bos. 13 if changed on a all-chiment with an address.

6 1 TITLE

6.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE

STREET ADDRESS

CITY - ST - ZIP

NAME

TI'LE

NAME

DELETE

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNAING OFFICER OF DIRECTOR

Change Addition

CR2E034 (12/95)