SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # 713453 (9)								
	HESTER S	HOPPING	CENTER ME	ERCHANT'S ASSO	CIATI			
Principal Place of Business				Malling Address				
7331 CORAL WAY S UITE 250 MIAMI FL 33155-8402				7331 CORAL WAY SUITE 250 MIAMI FL 33155-8402				Date Incorporated or Qualified 10/12/1967
								4. FEI Number Applied For S9-1319258 Not Applicable
2. Principal P	lace of Busin	088	2: 26	2a. Malling Address				5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc.				Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
City & Stat	te		27	City & State				Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?
23 Zip	·	Country	28	28 7 (p)				Yes No
24	25			Zip 29				This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes
	9. Name	and Address	of Current Reg	stered Agent		81	Name	10. Name and Address of New Registered Agent
NASH, MARTIN P						82	Street Ad	Address (P.O. Box Number is Not Acceptable)
7331 CORAL WAY, STE 250 MIAMI FL 331 55						83		
MIMMI TL	SS 190				}	84	City	85 Zip Code
44 Dumwant t	to the provision	no of soctions	617 0602 and 61	7 1500 Eleride Statutes				rporation submits this statement for the purpose of changing its registered
office or re	egi stere d age	nt, or both, in t	he State of Flori	da. Such change was at , section 617.0503, Flor	ithorized b	y th	e corporat	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Stonehire tuned	ny printed name of r	rigistered agent and little	Manuficable (Ni	TF: Panistere	ad An	ent stocaluse r	re required when reinstating) DATE
12.			ICERS AND DIR		13.		ione agriculate i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	DV Pa u l, Jos	EDLI		1.1 T/TI 1.2 NAJ			Change Addition	
STREET ADDRESS		SHORE DR	DR				ADDRESS	
CITY-ST-ZIP	MIAMI FL		·	1.4 CIT		-ZIP		
TITLE NAME	DP BROWN, G	ARY		L DELETE		2.1 TITLE 2.2 NAME		Change Addition
	5901 SW 7						ADDRESS	
CITY-ST-ZIP	MIAMI FL			□ nc.cre	2.4 CIT 3.1 TITI	_	-ZIP	
NAME	NASH, MA	RTIN P		DELETE 3.1				Change Addition
STREET ADDRESS	7331 COR						ADDRESS	
CITY-ST-ZIP	MIAMI FL			DELETE	3.4 CIT		-ZIP	Change Addition
NAME	[]			Decere	4.2 NA			
STREET ADDRESS					4.3 STR	REET	ADDRESS	
CITY-ST-ZIP			<u> </u>	DELETE	4,4 CIT 5,1 TITE		-ZIP	Change Addition
NAME	1			C) DETEVE	5.2 NA			Change Addition
STREET ADDRESS	<u> </u>				5.3 STR	ÆET	ADDRESS	
CITY-ST-ZIP TITLE	JP			☐ ACLETE	DELETE 6.1 TITL			Change Addition
NAME				DELETE 1				Change Addition
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP 6.4 14. I hereby certify that the information applied with this filing does not qualify for the exe						zip stated in s	n section 119.07(3)(i), Florida Statutes, I further certify that the information
indicated an officer in Block 1:	on this annua or director of 2 or Block 13	report or si the corporation if changed	premental annua or the receive of an attenting	troort is frui and accurrent for trusted empowered to the trusted empowered to the trusted to th	rate and the o execute	hat this	my signatu report as	n section 119.07(3)(i), Florida Statutes, I further certify that the information ature shall have the same legal effect as if made under oath; that I am as required by Chapter 617, Florida Statutes; and that my name appears
SIGNAT	URE: _	SIG ATURE AL	IN TYPES ON PRINTE	D NAME OF BIGNING OFFICE	OR DIRECTO	MA or	RTIN	N P NASH Dute 305-262, 7, 1, 201