FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 9:39

DOCUMENT # 720665 (9)

1. Corporation Name

DIPLOMAT MALL MERCHANTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MARTIN P. NASH 7331 CORAL WAY, SUITE 250 MIAMI FL 33155	C/O MARTIN P. NASH 7331 CORAL WAY, SUITE 250 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1971
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-1437733 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

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

9. Name and Address of Current Registered Agent

NASH, MARTIN P.
7331 CORAL WAY
SUITE 250
MIAMI FL 33155

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 _____ 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	D	1.1 TITLE	VP/D ☐ Change ☐ Addition
NAME	DUANE, DORIS	1.2 NAME	DUANE, DORIS
STREET ADDRESS	1621 E HALLANDALE BL	1.3 STREET ADDRESS	1621 E HALLANDALE BCH BL
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	HALLANDALE FL
TITLE	VD	2.1 TITLE	P/D ☐ Change ☐ Addition
NAME	LENON, LARRY	2.2 NAME	HARRIS, BRUCE
STREET ADDRESS	1501 E. HALLANDALE BEACH BL	2.3 STREET ADDRESS	1545 E HALLANDALE BCH BL
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	HALLANDALE FL
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	NAYA, TRISH	3.2 NAME	
STREET ADDRESS	1725 E HALLENDALE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	D ☐ Change ☐ Addition
NAME	WESTON, TONI	4.2 NAME	WESTON, TONI
STREET ADDRESS	1529 E. HALLENDALE BLVD.	4.3 STREET ADDRESS	1529 E HALLANDALE BCH BL
CITY-ST-ZIP	HALLENDALE FL	4.4 CITY-ST-ZIP	HALLANDALE FL
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, ZELDA	5.2 NAME	
STREET ADDRESS	1637 E HALLANDALE BL	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce Harris BRUCE HARRIS PRES 2/1/95 305-456-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000444