

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90065 015 ****61.25

DOCUMENT # 720665

1. Corporation Name

DIPLOMAT MALL MERCHANTS ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/05/1971

4. FEI Number

59-1437733

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE XXNAME DUANE, DORIS
STREET ADDRESS 1621 E HALLANDALE BCH BLVD
CITY-ST-ZIP HALLANDALE FLTITLE VPD ☒ DELETENAME LOSHE, KATHY
STREET ADDRESS 1529 E HALLANDALE BEACH BL
CITY-ST-ZIP HALLANDALE FLTITLE STD ☐ DELETE XXNAME NAYA, TRISH
STREET ADDRESS 1725 E HALLANDALE BLVD
CITY-ST-ZIP HALLANDALE FLTITLE D ☒ DELETENAME VIRANI, ASIF
STREET ADDRESS 1553 E HALLANDALE BCH BLVD
CITY-ST-ZIP HALLANDALE FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition1.2 NAME PD XX
1.3 STREET ADDRESS VIRANI, ASIF
1.4 CITY-ST-ZIP 1553 E HALLANDALE BCH BL2.1 TITLE ☐ Change ☐ Addition2.2 NAME HALLANDALE FL
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☒ Addition3.2 NAME STD
3.3 STREET ADDRESS JILL HOFSTETTER
3.4 CITY-ST-ZIP 1725 E HALLANDALE BCH BL
HALLANDALE FL4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☒ Addition5.2 NAME D
5.3 STREET ADDRESS GUZMAN, MAYRA
5.4 CITY-ST-ZIP 1200 BISCAYNE FL #1500
MIAMI FL6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 justamentary 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 member 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 as an attorney-in-fact with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0032160