

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:20

DOCUMENT # 762960 (3)

1. Corporation Name  
COMMERCIAL CENTER OF MIAMI MASTER ASSOCIATION, I  
NC.

Principal Place of Business Mailing Address  
10775 SW 190TH ST. 46  
MIAMI FL 33157 10775 SW 190TH ST. 46  
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/23/1982	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0263110	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 6157 NW 167TH ST	20 6157 NW 167TH ST
Suite, Apt. #, etc. 22 F-21	Suite, Apt. #, etc. 27 F-21
City & State 23 HIALEAH, FL	City & State 28 HIALEAH, FL
Zip 24 33015	Country 25 US
Zip 29 33015	Country 30 US

9. Name and Address of Current Registered Agent  
GITTLEMAN, GARY  
8950 ARVIDA DRIVE  
CORAL GABLES FL 33156

10. Name and Address of New Registered Agent  
81 Name  
Franklin, Carl  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 6157 NW 167th St., F-21  
84 City  
Miami  
85 Zip Code  
FL 33015

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 607.1505, Florida Statutes.

SIGNATURE *Carl Franklin* PROPERTY MANAGER DATE 2-10-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GITTLEMAN, ROBERT
STREET ADDRESS	10755 SW 190TH ST. 46
CITY- ST- ZIP	MIAMI FL
TITLE	VD
NAME	BROWN, STEVEN
STREET ADDRESS	10755 SW 190TH ST. 46
CITY- ST- ZIP	MIAMI FL
TITLE	STD
NAME	GITTLEMAN, BARBARA
STREET ADDRESS	10755 SW 190TH ST. 46
CITY- ST- ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rossi, Franco	
1.3 STREET ADDRESS	6157 NW 167th St., F-21	
1.4 CITY- ST- ZIP	Miami, FL 33015	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mese, John Carl	
2.3 STREET ADDRESS	6157 NW 167th St., F-21	
2.4 CITY- ST- ZIP	Miami, Florida 33015	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sitra, Joseph	
3.3 STREET ADDRESS	6157 NW 167th St., F-21	
3.4 CITY- ST- ZIP	Miami, Florida 33015	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 law from 139.03(1)(b), Florida Statutes. Further, I 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 139, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *FRANCO ROSSI* PRESIDENT/DIRECTOR 2/9/95 (305) 827-7000