

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **762960** (3)

1. Corporation Name

COMMERCIAL CENTER OF MIAMI MASTER ASSOCIATION, I NC.



Principal Place of Business

Mailing Address

6157 NW 167TH ST
F-21
HIALEAH FL 33015
US

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F-21
HIALEAH FL 33015
US

3. Date Incorporated or Qualified
04/23/1982

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 **6135 NW 167 ST.**

26 **P.O. BOX 5829**

4. FEI Number
65-0263110

Applied For
 Not Applicable

22 Suite, Apt. #, etc.
E-17

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State
MIALEAH FL

28 City & State
HIALEAH FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip **33015** Country **USA**

29 Zip **33014** Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANKLIN, CAR
6157 NW 167TH ST
F-21
MIAMI FL 33015

81 Name **John Pereda**
82 Street Address (P.O. Box Number is Not Acceptable) **80 SW 8th ST Suite 2180**
83
84 City **MIAMI** FL 85 Zip Code **33130**

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 Restating)

DATE

4-13-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	ROSSI, FRANCO	6157 NW 167TH ST F-21	MIAMI FL	<input type="checkbox"/>
TD	MESE, JOHN CARL	6157 NW 167TH ST F-21	MIAMI FL	<input checked="" type="checkbox"/>
SD	SITRA, JOSEPH	6157 NW 167TH ST F-21	MIAMI FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP	FRANCO ROSSI	6135 NW 167th Street E17	HIALEAH FL 33015	<input checked="" type="checkbox"/>
SD	Carlos Medrano	6073 NW 167 STREET C-1	HIALEAH FL 33015	<input checked="" type="checkbox"/>
P	Anshes Montejos	6073 NW 167 STREET C-1B	HIALEAH FL 33015	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)