

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
 AND
 FILED

1997 OCT 22 AM 9:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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, INC.



Principal Place of Business Mailing Address
 6135 NW 167 ST. P.O. BOX 5829
 E-17 HIALEAH FL 33014 HIALEAH FL 33014
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/23/1982	04/22/1986
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		65-0263110	Not Applicable
24 Zip		25 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 PEREDA, JOHN
 80 SW 8TH ST.
 SUITE 2180
 MIAMI FL 33130

10. Name and Address of New Registered Agent
 81 Name John Pereda
 82 Street Address (P.O. Box Number is Not Acceptable) 4095 SW 137 Ave Suite 6
 83
 84 City Miami FL FL 85 Zip Code 33196

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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 *John Pereda* John Pereda 10-3-97
 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	VP	<input checked="" type="checkbox"/> DELETE
NAME	ROSSI, FRANCO	
STREET ADDRESS	6135 NW 167TH ST E-17	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MEDRANO, CARLOS	
STREET ADDRESS	6073 NW 167 STREET C-1	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MONTEJO, ANDRES	
STREET ADDRESS	6073 NW 167 STREET C-13	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	(President) ANGELA DIAZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	(D) GOU3NW 167 ST (A21)	Director "D"
1.3 STREET ADDRESS	Miami, FL 33015	
1.4 CITY-ST-ZIP		
2.1 TITLE	TRAINER: VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	(D) STEVE GUIRFO	Director "D"
2.3 STREET ADDRESS	615T NW 167ST (FL)	
2.4 CITY-ST-ZIP	Miami, FL 33015	
3.1 TITLE	Secretary: BERNARD Dimitrai	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	(D)	Director "D"
3.3 STREET ADDRESS	6065 NW 167ST (611)	
3.4 CITY-ST-ZIP	Miami, FL 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		

REINSTATEMENT

800002329398--0
 -10/24/97--01101--004
 ***236.25 ***236.25

14. I do 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 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.

CR2E037 (4/97)