

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762960** (3)
1. Corporation Name
COMMERCIAL CENTER OF MIAMI MASTER ASSOCIATION, INC.



Principal Place of Business 6135 NW 167 ST. E-17 HIALEAH FL 33015 US	Mailing Address P.O. BOX 5829 HIALEAH FL 33014
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3. Date Incorporated or Qualified 04/23/1982		
4. FEI Number 65-0263110	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 6157 NW 167 St. Suite, Apt. #, etc 22 F-04 City & State 23 Hialeah, FL 33015 Zip 24 33015	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country 30 USA
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9. Name and Address of Current Registered Agent

**PEREDA, JOHN
4095 SW 137TH AVE
STE 8
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name Pereda, John	
82 Street Address (P.O. Box Numbers Not Acceptable) 1945 SW 98 Terrace	
83	
84 City Miami	85 Zip Code FL 33156

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	 DIAZ, ANGELA	
STREET ADDRESS	6043 NW 167TH ST., A-21	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DIMITRI, BERNARD	
STREET ADDRESS	6065 NW 167TH ST., B-11	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GUIFFO, STEVE	
STREET ADDRESS	3157 NW 167TH ST., F-4	
CITY-ST-ZIP	MIAMI 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Diaz, Angela	
1.3 STREET ADDRESS	6043 NW 167 St. A-21	
1.4 CITY-ST-ZIP	Hialeah, FL 33015	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dimitri, Benedetto	
2.3 STREET ADDRESS	6065 NW 167 St. B-11	
2.4 CITY-ST-ZIP	Hialeah, FL 33015	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Guiffo, Steve	
3.3 STREET ADDRESS	3157 NW 167 St. F-04	
3.4 CITY-ST-ZIP	Hialeah, 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		

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 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 as an attachment with an address.

SIGNATURE: _____ DATE: **4-21-98 (305) 828-7231**

CR2E037 (10/97)