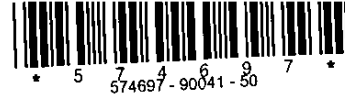


FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90021 016 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 762960 1. Corporation Name COMMERCIAL CENTER OF MIAMI MASTER ASSOCIATION, INC.					
Principal Place of Business 6157 NW 167 STREET F04 HIALEAH FL 33015 US			Mailing Address P.O. BOX 5829 HIALEAH FL 33014		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/23/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0263110	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PEREDA, JOHN 7945 SW 98 TERRACE MIAMI FL 32156				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☒ DELETE	1.1 TITLE	Lissette Patricia	☐ Change	☒ Addition	
NAME	DIAZ, ANGELA		1.2 NAME	President			
STREET ADDRESS	6043 NW 167TH ST., A-21		1.3 STREET ADDRESS	6043 NW 167ST A-21			
CITY-ST-ZIP	HIALEAH FL 33015		1.4 CITY-ST-ZIP	MIAMI, FL 33015			
TITLE	SD	☒ DELETE	2.1 TITLE	Vice President	☐ Change	☒ Addition	
NAME	DIMITRI, BERNARD		2.2 NAME	Robert Edchotain			
STREET ADDRESS	6065 NW 167TH ST., B-11		2.3 STREET ADDRESS	6043 NW 167ST. A-26			
CITY-ST-ZIP	HIALEAH FL 33015		2.4 CITY-ST-ZIP	MIAMI FL 33015			
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☐ Change	☐ Addition	
NAME	QUIFFO, STEVE		3.2 NAME	STEVE CUIFFO			
STREET ADDRESS	6157 NW 167 STREET, F04		3.3 STREET ADDRESS	6157 NW 167 ST. F04			
CITY-ST-ZIP	HIALEAH FL 33015		3.4 CITY-ST-ZIP	HIALEAH FL 33015			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 on an attachment with an address, with all other like empowered.

SIGNATURE: Steve CuiFFo 4/20/99 305-7231
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)