

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 AUG 20 PM 1:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	04/23/1982	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	65-0263110	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PEREDA, JOHN
 7945 SW 98 TERRACE
 MIAMI FL 32156

10. Name and Address of New Registered Agent

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: John Pereda DATE: 8-10-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	DIAZ, ANGELA	1.2 NAME	LISA PATRICIO
STREET ADDRESS	6043 NW 167TH ST., A-21	1.3 STREET ADDRESS	6043 NW 167 STREET, A-27
CITY-ST-ZIP	HIALEAH FL 33015	1.4 CITY-ST-ZIP	HIALEAH FL 33015
TITLE	SD	2.1 TITLE	ROBERT EDELSTEIN SD
NAME	DIMITRI, BERNARD	2.2 NAME	
STREET ADDRESS	6065 NW 167TH ST., B-11	2.3 STREET ADDRESS	6043 NW 167 STREET, A26
CITY-ST-ZIP	HIALEAH FL 33015	2.4 CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	TD	3.1 TITLE	
NAME	GUIFFO, STEVE	3.2 NAME	
STREET ADDRESS	6157 NW 167 STREET, F04	3.3 STREET ADDRESS	300002975653--0
CITY-ST-ZIP	HIALEAH FL 33015	3.4 CITY-ST-ZIP	-09/01/99--01036--012
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: [Signature] DATE: 8-10-99 (305) 556-2099

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CR2E037 (5/99)