

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAY -1 PM 3:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H77646 (8)
1. Corporation Name
KIMCO OF NORTH MIAMI, INC.

Principal Place of Business Mailing Address
*** CT CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION FL 33324**

2. Principal Place of Business 2a. Mailing Address
**21 Suite 100
3333 New Hyde Park Rd., Suite 100
New Hyde Park, NY 11042-0020**
**26 Suite, Apt. #
3333 New Hyde Park Rd., Suite 100
New Hyde Park, NY 11042-0020**

3. Date Incorporated or Qualified **09/25/1985** 3a. Date of Last Report **04/27/1994**
4. FEI Number **11-2761316** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
b1 Name
b2 Street Address (P.O. Box Number is Not Acceptable)
b3
b4 City **FL** b5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ **KIMCO-REALTH CORPORATION**

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, MILTON	1.2 NAME	
STREET ADDRESS	1044 NORTHERN BLVD	1.3 STREET ADDRESS	3333 New Hyde Park Rd., Suite 100
CITY, ST, ZIP	ROSLYN NY	1.4 CITY, ST, ZIP	P.O. Box 5020 New Hyde Park, NY 11042-0020
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMMEL, MARTIN	2.2 NAME	
STREET ADDRESS	1044 NORTHERN BLVD	2.3 STREET ADDRESS	same as above
CITY, ST, ZIP	ROSLYN NY	2.4 CITY, ST, ZIP	
TITLE	P	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMBER, DAVID	3.2 NAME	
STREET ADDRESS	1044 NORTHERN BLVD	3.3 STREET ADDRESS	same as above
CITY, ST, ZIP	ROSLYN NY	3.4 CITY, ST, ZIP	
TITLE	Vp	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, ALEX	4.2 NAME	
STREET ADDRESS	1044 NORTHERN BLVD	4.3 STREET ADDRESS	same as above
CITY, ST, ZIP	ROSLYN NY	4.4 CITY, ST, ZIP	
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRA, LOUIS	5.2 NAME	
STREET ADDRESS	1044 NORTHERN BLVD	5.3 STREET ADDRESS	same as above
CITY, ST, ZIP	ROSLYN NY	5.4 CITY, ST, ZIP	
TITLE	S	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULMAN, ROBERT	6.2 NAME	
STREET ADDRESS	1044 NORTHERN BLVD	6.3 STREET ADDRESS	same as above
CITY, ST, ZIP	ROSLYN NY	6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(8)(b), Florida Statutes. I further certify that the information indicated on this original report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 897, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in a footnote with an address.

SIGNATURE: _____ **514 869-2250**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR