

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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: **KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PARK NY 11042**  
Mailing Address: **KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PARK NY 11042**

3. Date Incorporated or Qualified: **09/25/1985**  
3a. Date of Last Report: **05/01/1995**  
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

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  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: **FL** 85 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: \_\_\_\_\_ (NOTE: Registered Agent Signature must be when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COOPER, MILTON</b>	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	
CITY - ST - ZIP	<b>NEW HYDE PK. NY 11042</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KIMMEL, MARTIN</b>	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	
CITY - ST - ZIP	<b>NEW HYDE PK NY 11042</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SAMBER, DAVID</b>	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	
CITY - ST - ZIP	<b>NEW HYDE PK NY 11042</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>WEISS, ALEX</b>	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	
CITY - ST - ZIP	<b>NEW HYDE PK. NY 11042</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>PETRA, LOUIS</b>	
STREET ADDRESS	<b>3333 NEW HYDE PARK RD. 100</b>	
CITY - ST - ZIP	<b>NEW HYDE PK NY 11042</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHULMAN, ROBERT</b>	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	
CITY - ST - ZIP	<b>NEW HYDE PK NY 11042</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Weiss</b>
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	<b>700001797547</b>
6.3 STREET ADDRESS	<b>-04/29/96--01023--002</b>
6.4 CITY - ST - ZIP	<b>***1400.00</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Louis J. Petra**

4/15/96  
516 869 7250  
S-C 417 to 910

CR2E034 (12/95)