

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

APPROVED
AND
FILED

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

96 MAY -1 PM 4:44

DOCUMENT # L20639 (5)

1. Corporation Name

LAS PALMAS SHOPPING CENTER, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1036 S.W. 1 ST.
MIAMI FL 33130

Mailing Address

1036 S.W. 1 ST.
MIAMI FL 33130

3. Date Incorporated or Qualified
10/05/1989

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

21 2300 CORAL WAY

2a. Mailing Address

26 2300 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI FLORIDA

City & State

28 MIAMI FLORIDA

Zip

24 33145

Country

25 US.

Zip

29 33145

Country

30 US.

4. FEI Number
65-0147322

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

FLORIDA ANNUAL REPORT SERVICES, INC.
1036 S.W. 1 ST.
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name
FLORIDA ANNUAL REPORT SERVICES INC.

82 Street Address (P.O. Box Number is Not Acceptable)
2300 CORAL WAY SUITE # 200

84 City
MIAMI

FL

85 Zip Code
33145

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

AMADA CANTERA LOPEZ, PRES

(Signature of Registered Agent required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	VALDES, NICOLAS A	
STREET ADDRESS	20 NW 50TH AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DP	☐ Change ☐ Addition
2. NAME	VALDES, NICOLAS A	
3. STREET ADDRESS	8050 N.W. 8 STREET #207	
4. CITY - ST - ZIP	MIAMI, FLORIDA 33126	☐ Change ☐ Addition
5. 1. TITLE		☐ Change ☐ Addition
6. 2. NAME		
7. 3. STREET ADDRESS		
8. 4. CITY - ST - ZIP		
9. 1. TITLE		☐ Change ☐ Addition
10. 2. NAME		
11. 3. STREET ADDRESS		
12. 4. CITY - ST - ZIP		
13. 1. TITLE		☐ Change ☐ Addition
14. 2. NAME		
15. 3. STREET ADDRESS		
16. 4. CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is true and correct, and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE

PRES/ DIR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)