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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L20639 (5)

1. Corporation Name
LAS PALMAS SHOPPING CENTER, INC.

Principal Place of Business
2300 CORAL WAY
MIAMI FL 33145

Mailing Address
2300 CORAL WAY
MIAMI FL 33145-3511

3. Date Incorporated or Qualified
10/05/1989

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 2300 CORAL WAY

Suite, Apt. #, etc.

22 SUITE # 200

City & State

23 MIAMI FLORIDA

Zip

24 33145

Country

25 US.

2a. Mailing Address

26 2300 CORAL WAY

Suite, Apt. #, etc.

27 SUITE # 200

City & State

28 MIAMI FLORIDA

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.
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number, if applicable)

83 City

84 State

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

Signature, typed or printed name of registered agent and title if applicable

AMADA CANTERA LOPEZ, PRES

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/97

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME VALDES, NICOLAS A

STREET ADDRESS 8050 N.W. 8 STREET #207

CITY - ST - ZIP MIAMI FL 33128

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D/ LOPEZ-CANTERA AMADA ☐ Change ☐ Addition

1.2 NAME 2300 CORAL WAY, SUITE # 201

1.3 STREET ADDRESS MIAMI FLORIDA, 33145

1.4 CITY - ST - ZIP ☐ Change ☒ Addition

2.1 TITLE S ☐ Change ☒ Addition

2.2 NAME AMADA LOPEZ CANTERA

2.3 STREET ADDRESS 2300 Coral Way, Suite 201

2.4 CITY - ST - ZIP Miami, Florida 33145

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME 900002172299--7

3.3 STREET ADDRESS -05/08/97--01158--022

3.4 CITY - ST - ZIP *****8.75 *****1.75

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Amada Lopez Cantera

2-11-97 (205) 858-4550

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)