FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L20639

1. Corporation Name

LAS PALMAS SHOPPING CENTER, INC.

Principal Place of Business

2300 CORAL WAY

2300 CORAL WAY

SUITE 200

MIAMI EL 23145

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90125 017 *****8.75 05-03-1999 90125 018 ***150.00



SUITE 200		SUITE 200 MIAMI FL 33145			DO NOT WRITE IN THIS SPACE		
MIAMI FL 33145		MIAMI PE 33145		3	3. Date Incorporated or Qualifed		
					10/05/1989		
2. Principal Pl	lace of Business	2a. Mailing Address		-	FEI Number	Applied For	
21 1717 N. Bayshore Dr. 26 1717 N. Baysl		<u>yshore</u>	Dr.	65-01473 <u>22</u>	Not Applicable		
Suite, Apt. #, etc. 22 Suite # .114		Suite, Apt. #, etc. 27 Suite # 1.14			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State			City & State		P. Ctastian Campaign Financing		
23 Miami, Florida		28 Miami, Florida		'	 Election Campaign Financing Trust Fund Contribution 	S5.00 May Be Added to Fees	
Zip Country		Zip Country		1	3. This corporation owes the current	t year Intangible	
24 第第末 第33132 25 29 第第末 第3313 20			ס		Personal Property Tax.	☐ Yes ☐ No	
9. Name and Address of Current Registered Agent				1(Name and Address of New Reg	jistered Agent	
i				lame	Daniel Manager	Tna	
FLORIDA ANNUAL REPORT SERVICES, INC.				S & K Property Management, Inc. 82 Street Address (P.O. Box Number is Not Acceptable)			
2300 CORAL WAY				1717 North Bayshore Drive			
SUITE 200			83		_		
MIAMI FL 33145			84 C	<u>Suite</u>	114	85 Zip Code	
				Miami		FL 33132	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-na		on submits this statement for the pu	rpose of changing its registered	
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 (pplicable. (NOTE: Re	egistered Agent sig	nature re, uired when	n reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PDS	O 💆 DELETE	1,1 TITLE D	-	rg Bader	Change Addition	
NAME	LOPEZ-CANTERA, AMADA		1.2 NAME		7 N. Bayshore Di	cive	
STREET ADDRESS	2300 CORAL WAY, SUITE 201		1.3 STREET ADD		te 114		
CITY-ST-ZIP	MIAMI FL 33145		1.4 CITY-ST-ZIF		mi, Florida 3313	3.2 ☐ Change 😿 Addition	
TITLE		☐ DELETÉ	2.1 TITLE	D/A		Charge (Audition	
NAME			2.2 NAME		1 Conradi		
STREET ADDRESS			2.3 STREET ADI		7 N. Bayshore Di		
CITY-ST-ZIP			2.4 CITY-ST-ZI		mi, Florida 3313	Change X Addition	
TITLE		☐ DELETE	3.1 TITLE	T.	• • • •	Grange Manage	
NAME			3.2 NAME		ia Cartaya		
STREET ADDRESS			3.3 STREET ADO		7 N. Bayshore Di		
CITY-ST-ZIP			3.4. CITY-ST-ZI	^p	mi, Florida 3313	3.2 ☐ Change ☐ Addition	
TITLE		☐ DELETE	4.1 TITLE			□ viiange □ Addidon	
NAME			4. 2 NAME .				
STREET ADDRESS			4.3 STREET ADD				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIF	P		Change Addition	
TITLE		□ DELETE	5.1 TITLE 5.2 NAME				
NAME			5.2 NAME 5.3 STREET ADI	ndess			
STREET ADDRESS			5.3 STREET ADD				
CITY-ST-ZIP		DELETE	6.1 TITLE		<u></u>	☐ Change ☐ Addition	
TITLE			62 NAME				
NAME				DOESC			
STREET ADDRESS			6.3 STREET ADI				
CITY-ST-ZIP	l		6.4 CITY-ST-ZIF	7			

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if shanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lidia Cartaya,

urer 4/27/9

305 577-3881