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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # L58742

1. Corporation Name

MILLER MEADOWS SHOPPING CENTER, INC.

Principal Place of Business	Mailing Address
4131 Laguna Street Coral Gables, FL 33146	

3. Date Incorporated or Qualified: 03/21/1990
3a. Date of Last Report: 04/22/96

2. Principal Place of Business	2a. Mailing Address
21 c/o 5200 Blue Lagoon Drive	26 c/o 5200 Blue Lagoon Drive
Suite, Apt. #, etc. 22 Suite 700	Suite, Apt. #, etc. 27 Suite 700
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / Country 24 33126 / 25 USA	Zip / Country 29 33126 / 30 USA

4. FEI Number: 65-0255593 ☐ 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	10. Name and Address of New Registered Agent
MARTIN, PEDRO A. Baker & McKenzie 701 Brickell Avenue S1600 Miami, FL 33131	81 Name: MIAMI CORPORATE SYSTEMS, INC. 82 Street Address (P.O. Box Number is Not Acceptable): 5200 Blue Lagoon Drive 83 Suite 700 84 City: Miami FL 85 Zip Code: 33126

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: _____ Luis A. Perez, Vice President 9/5/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT GARCIA, GIL 4131 Laguna Street Coral Gables, FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DPTS SANCHEZ, GIL G. c/o Benito Carmona, 7400 SW 50 Terr #200 Miami, FL 33155	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GAVITO, JOSE 4131 Laguna Street Coral Gables, FL	XX DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VPD SANCHEZ, JULIAN G. c/o Benito Carmona, 7400 SW 50 Terr #200	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BASCUAS, ERNESTO 4131 Laguna Street Coral Gables, FL	XX DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	500002290955 -09/11/97--01110--011 ***550.00	☐ Change ☐ Addition

CR2E034 (9/96)

Rec'd 9-11-97

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: _____ Gil G. Sanchez, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #