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May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M32158 (1)  
1. Corporation Name  
BUENAVENTURA LAKES SHOPPING CENTER, INC.



Principal Place of Business  
550 BILTMORE WAY, #1110  
CORAL GABLES FL 33134  
US

Mailing Address  
550 BILTMORE WAY, #1110  
CORAL GABLES FL 33134-5730  
US

3. Date Incorporated or Qualified 05/15/1986	3a. Date of Last Report 04/22/1996
4. FEI Number 59-2756196	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent WEISENFELD, JOSEPH J. 799 BRICKELL PLAZA SUITE 900 MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD ECKSTEIN, BERNARD 550 BILTMORE WAY, #1110 CORAL GABLES FL	<input type="checkbox"/> DELETE		
VSD STERN, EDUARDO 550 BILTMORE WAY, #1110 CORAL GABLES FL	<input type="checkbox"/> DELETE		
TD ECKSTEIN, SUSANA 550 BILTMORE WAY #1110 CORAL GABLES FL	<input type="checkbox"/> DELETE		
D STERN, AGNES 550 BILTMORE WAY, #1110 CORAL GABLES FL	<input type="checkbox"/> DELETE		
V PALMISCANO, CARL 120 FAIRWAY WOODS BOULEVARD ORLANDO FL 32824	<input type="checkbox"/> DELETE		
	<input type="checkbox"/> DELETE		

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 an attachment with an address.

SIGNATURE \_\_\_\_\_  
EDUARDO STERN  
4/12/1997 3:28:44 PM

CR2E034 (9/96)