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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # M3

(1)

1. Corporation		A LAKES SHOPPIN		INC.								
Principal Place of Business Mailing Address									HOLIDH VIVI DIDI		.14 64041 1801	
550 BILTMORE WAY. #1110 550 BILTMORE WAY. #1110 CORAL GABLES FL 33134 US US]	DO NOT WRITE IN THIS SPACE				
•								3. Date Incorporated or Qualified 05/15/1986				
2. Principal F	Place of Busin	ness	2a. Mailing /	2a. Mailing Address				4. FEI Number		- A	pplied For	
21			26					59-2756196			ot Applicable	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				6. Certificate of Status Desired	. D	\$8.75	Additional	
22			27					6. Certificate of Status Desirer		Fee R	equired	
City & Sta	le		<u> </u>	City & State				6. Election Campaign Financi			May Be	
Zip		Country	28	Zip Country				Trust Fund Contribution	<u> </u>		to Fees	
24	25		F-n '	L '		O		This corporation owes or he Personal Property Tax due			itangible □ No	
[24]	9. Name	and Address of Currer						10. Name and Address of New Registered Agent				
81 Nama								ISENFELD JOSE	۱ ۱			
799 BRICKELL PLAZA						Street	Addres	SENFELO JOSE § (P.O. Box Number is Not Acc	ontoblo)			
SUITE 900					82	55	o B	iltmore Way	Suite	#1130		
MIAMI FL 33131								,				
						City	0.1.	GABLES	FL		Code	
11. Pursuant	to the provis	ions of Sections 607.050)2 and 607.1508, F	lorida Statute	s, the abov	e named	COLDOL	ation submits this statement for	the nurnose r	of changing i	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 reg 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 regis agent. I am familiar with, and accept the obligation of Section 607.0505, Florida Statutes.										registered		
SIGNATURE Joseph J. Weisen								+	15 48			
SIGNATORIE	ST. W.	or a large of a constant of the		(NOTE	Fleg slered Age	ent signature	e required	when reinstating)	DATE			
12.	$\overline{\lambda}$	OFFICERS AN	ID NIRECTORS	T OF LEVE	13.		T	ADDITIONS/CHANGES TO (OFFICERS AN			
TITLE	COLUCTE	THE DEDNIADO	()	_] DELETE	1.1 TITLE					☐ Change	☐ Addition	
NAME		EIN, BERNARD TMORE WAY, #1110	•	1.2 NAME								
STREET ADDRESS		GABLES FL		1.3 STREET ADDRESS			1					
CITY-ST-ZIP TITLE	VSD	OADLES FL	_	DELETE	1.4 CITY - S 2.1 TITLE	SI - ZIP	 			Change	Addition	
NAME		EDUARDO	_	- Detect		2.2 NAME						
STREET ADDRESS	1 '	TMORE WAY, #1110			2.3 STREET ADDRESS							
CITY-ST-ZIP		GABLES FL		1	2. 4 CITY - S1 - ZIP					i		
TITLE	TD			DELETE	3.1 TITLE	0				Change	Addition	
NAME		EIN, SUSANA			3.2 NAME							
STREET ADDRESS	550 BIL	TMORE WAY #1110			3.3 STREET	ADDRESS						
CITY-ST-ZIP	CORAL	GABLES FL			3.4. CITY-	ST-ZIP						
TITLE	0			DELETE	4.1 TITLE					Change	Addition	
NAME		AGNES			4. 2 NAME							
STREET ADDRESS				4.3 STREET	r address							
CITY-ST-ZIP	CORAL	GABLES FL	-	DELETE	4.4 CITY - 5	ST-ZIP	 			Chana	V 32202	
TITLE	V	014310 0451	<i>)</i>	N DECE1E	5.1 TITLE		v			Change	K Addition	
NAME					5.2 NAME		1	liam Marrican				
STREET ADDRESS 120 FAIRWAY WOODS BOULEVARD ORLANDO FL 32824					5.3 STREET ADDRESS W1 5.4 CITY-ST-ZIP 12		120	liam Morrisey Fairway Woods	Rlud	0ം1ം	ndo Fi	
CITY-ST-ZIP	ONLAN	JU FL 32024		DELETE	5.4 CITY-S 6.1 TITLE	ST-ZIP		824	prvu.	Change	Addition	
TITLE NAME	ļ		L		62 NAME		72	024		Onlingo	Houldon	
						T ADDRESS						
STREET ADDRESS					6.4 CTV C	מוד זוף						

14. Thereby 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 transfer of movement 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.

IDE. Alle MARINE