

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90029 027 \*\*\*150.00

**DOCUMENT # M32158**

1. Entity 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 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02172004

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-2756196**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHUCHTER, ROSA E  
550 BILTMORE WAY STE 1110  
CORAL GABLES, FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME ECKSTEIN, BERNARD  
STREET ADDRESS 550 BILTMORE WAY, #1110  
CITY-ST-ZIP CORAL GABLES, FL

TITLE Treasurer, Director ☐ Change ☒ Addition  
NAME Rosa Eckstein Schechter  
STREET ADDRESS 550 Biltmore Way, #1110  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE VSD ☐ Delete  
NAME STERN, EDUARDO  
STREET ADDRESS 550 BILTMORE WAY, #1110  
CITY-ST-ZIP CORAL GABLES, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME ECKSTEIN, SUSANA  
STREET ADDRESS 550 BILTMORE WAY #1110  
CITY-ST-ZIP CORAL GABLES, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME STERN, AGNES  
STREET ADDRESS 550 BILTMORE WAY, #1110  
CITY-ST-ZIP CORAL GABLES, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME MORRISEY, WILLIAM  
STREET ADDRESS 120 FAIRWAY WOODS BOULEVARD  
CITY-ST-ZIP ORLANDO, FL 32824

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernard Eckstein

Date

Daytime Phone #

4-15-04

(305) 461-3190