

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M35096** (0)

1. Corporation Name

CALIFORNIA CLUB SHOPPING CENTER, INC.



Principal Place of Business

Mailing Address

17100 COLLINS
STE 225
MIAMI BCH FL 33160
US

17100 COLLINS AVE
STE 225
MIAMI BCH FL 33160
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/11/1986

3a. Date of Last Report
05/01/1995

4. FEI Number

59-2705131

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

10. Name and Address of New Registered Agent

R.K. ASSOCIATES
17100 COLLINS AVE
STE 225
SUNY ISLES FL 33160

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0112 and 607.1503, 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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | KATZ, SABRA | |
| STREET ADDRESS | 17100 COLLINS AVE, STE 225 | |
| CITY- ST- ZIP | MIAMI BCH FL | |
| TITLE | DPS | <input type="checkbox"/> DELETE |
| NAME | KATZ, RAANAN | |
| STREET ADDRESS | 17100 COLLINS AVE, STE 225 | |
| CITY- ST- ZIP | MIAMI BCH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE | |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. TITLE | |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. TITLE | |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. TITLE | |
| 18. NAME | |
| 19. STREET ADDRESS | |
| 20. CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplier/owner 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 resident or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Blocks 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sabra Katz

4/23/96 (305) 949-4110

CR2E034 (12/95)