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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M35791

1. Corporation Name  
SHOPPING PLAZA CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: % PEDRO R. MUNILLA, 1401 S.W. 1ST STREET, SUITE 210, MIAMI FL 33135  
Mailing Address: % PEDRO R. MUNILLA, 1401 S.W. 1ST STREET, SUITE 210, MIAMI FL 33135

3. Date Incorporated or Qualified: 07/24/1986  
4. FEI Number: 59-2718901  
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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

MUNILLA, PEDRO R.  
1401 S.W. 1ST STREET  
SUITE 210  
MIAMI FL 33135

10. Name and Address of New Registered Agent

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 607.0502 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

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

12. OFFICERS AND DIRECTORS

1.1 TITLE: D  
1.2 NAME: MUNILLA, PEDRO  
1.3 STREET ADDRESS: 1401 S.W. 1 ST #210  
1.4 CITY-ST-ZIP: MIAMI FL  
2.1 TITLE: DP  
2.2 NAME: LOPEZ, FRANK  
2.3 STREET ADDRESS: 414 MUNORCA AVE  
2.4 CITY-ST-ZIP: CORAL GABLES FL 33136

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
REQUIRED

1-19-99 (305) 541-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)