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**FILED**
**May 11, 1999 8:00 am**
**Secretary of State**
05-11-1999 90039 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

**DOCUMENT # N94000001376**

1. Corporation Name

**COLLINS PLAZA SHOPPING CENTER CONDOMINIUM ASSOCIATION, INC.**

* 590487 - 90009 - 43 *

| Principal Place of Business | Mailing Address |
|---|---|
| 1666 79TH STREET CAUSWAY, STE. 608<br>MIAMI BEACH FL 33141 | 7760 WEST 20TH AVE<br>SUITE #1<br>HIALEAH FL 33016<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 5701 Collins Ave<br>22 Suite, Apt. #, etc. #1715<br>23 City & State Miami Beach FL<br>24 Zip 33140 25 Country USA | 2a. Mailing Address<br>26 5701 Collins Ave<br>27 Suite, Apt. #, etc. #1715<br>28 City & State Miami Beach FL<br>29 Zip 32140 30 Country USA | 3. Date Incorporated or Qualified 03/18/1994<br>4. FEI Number 65-0581960 ☐ Applied For ☐ Not Applicable<br>5. Certificate of Status Desired ☐ $8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

WEIL, MURRAY B JR.
1666 79TH STREET CAUSWAY, STE. 608
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name JAMES ROGER FALIN
82 Street Address (P.O. Box Number is Not Acceptable) 5701 COLLINS AVE #1715
83
84 City MIAMI BEACH FL 85 Zip Code 33140

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE James R Falin 4/24/99
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WEINTRAUB, SAMUEL<br>1666 79TH STREET CAUSWAY, STE. 608<br>MIAMI BEACH FL 33141 | ☑ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PD<br>JAMES ROGER FALIN<br>5701 COLLINS AVE #1715<br>MIAMI BEACH FL 33140 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>WEINTRAUB, ABRAHAM<br>1666 79TH STREET CAUSWAY, STE. 608<br>MIAMI BEACH FL 33141 | ☑ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | STD<br>ANNETTE FALIN<br>9332 BYRON AVE<br>SURFSIDE FL 33154 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WEIL, MURRAY B JR<br>1666 79TH STREET CAUSWAY, STE. 608<br>MIAMI BEACH FL 33141 | ☑ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D<br>GUS FALIN<br>9332 BYRON AVE<br>SURFSIDE FL 33154 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (11/98)

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 617, 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:** James R Falin **SIGNATURE REQUIRED** JAMES ROGER FALIN 4/24/99 305 866-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James R Falin 6/29/99