FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:32

DOCUMENT # **P24276** **(8)**

1. Corporation Name
AMCENA PROPERTIES, INC.

Principal Place of Business
C/O AMERICAN RETAIL GROUP, INC
358 FIFTH AVENUE
NEW YORK NY 10001
US

Mailing Address
C/O AMERICAN RETAIL GROUP, INC.
358 FIFTH AVENUE
NEW YORK NY 10001
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/11/1989
3a. Date of Last Report: 06/09/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 22-2256839 — 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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	VP & Director	☒ Change ☐ Addition
NAME	BRENNINKMEYER, JOHN	1.2 NAME	Egmond Brenninkmeyer	
STREET ADDRESS	2501 EAST GUASTI ROAD	1.3 STREET ADDRESS	105 West Superior Street	
CITY - ST - ZIP	ONTARIO CA	1.4 CITY - ST - ZIP	Duluth, MN 55802	
TITLE	VD	2.1 TITLE	President & Director	☒ Change ☐ Addition
NAME	BRENNINKMEYER, DOMINIC	2.2 NAME		
STREET ADDRESS	1166 FESLER ST	2.3 STREET ADDRESS		
CITY - ST - ZIP	EL CAJON CA	2.4 CITY - ST - ZIP		
TITLE	VS	3.1 TITLE		☐ Change ☐ Addition
NAME	FISCHER, MILES P.	3.2 NAME		
STREET ADDRESS	358 FIFTH AVENUE	3.3 STREET ADDRESS		
CITY - ST - ZIP	NEW YORK NY	3.4 CITY - ST - ZIP		
TITLE	VT	4.1 TITLE		☐ Change ☐ Addition
NAME	ALLEX, KENNETH R.	4.2 NAME		
STREET ADDRESS	358 FIFTH AVENUE	4.3 STREET ADDRESS		
CITY - ST - ZIP	NEW YORK NY	4.4 CITY - ST - ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	BURGESS, JOHN	5.2 NAME		
STREET ADDRESS	2501 EAST GUASTI ROAD	5.3 STREET ADDRESS		
CITY - ST - ZIP	ONTARIO CA	5.4 CITY - ST - ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	PAINTER, JAMES	6.2 NAME		
STREET ADDRESS	1114 AVENUE OF THE AMERICAS	6.3 STREET ADDRESS		
CITY - ST - ZIP	NEW YORK NY	6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Miles P. Fischer — March 29, 1995 — 212-695-3185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Miles P. Fischer, Secretary

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