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PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Mar 10, 1999 8:00 am
Secretary of State
03-10-1999 90086 018 ***150.00

DOCUMENT # **P92000010408**

1. Corporation Name
COUNTRY CLUB SHOPPING CENTER, INC.

Principal Place of Business	Mailing Address
700 S.W. 36 AVE. MIAMI FL 33135	700 S.W. 36 AVE. MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1992

2. Principal Place of Business	2a. Mailing Address
21 3663 S.W. 8th Street	26 3663 S.W. 8th Street
Suite, Apt. #, etc. 22 Third Floor	Suite, Apt. #, etc. 27 Third Floor
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33135 Country 25 USA	Zip 29 33135 Country 30 USA

4. FEI Number: 65-0374948 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VALLS, FELIPE A SR. 700 S.W. 36 AVE. MIAMI FL 33135	81 Name: VALLS, FELIPE A. SR. 82 Street Address (P.O. Box Number is Not Acceptable): 3663 S.W. 8th Street Third Floor 83 84 City: MIAMI FL 85 Zip Code: 33135

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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	VALLS, FELIPE A SR		1.2 NAME	VALLS, FELIPE A. SR	
STREET ADDRESS	700 SW 36TH AVE		1.3 STREET ADDRESS	3663 S.W. 8th Street Third Floor	
CITY-ST-ZIP	MIAMI FL 33135		1.4 CITY-ST-ZIP	Miami, Fl 33135	
TITLE	VS	☐ DELETE	2.1 TITLE	VS	☑ Change ☐ Addition
NAME	DE NAVARRA, CARLOS T		2.2 NAME	DE NAVARRA, CARLOS T	
STREET ADDRESS	700 SW 36TH AVE		2.3 STREET ADDRESS	3663 SW 8th Street Third Floor	
CITY-ST-ZIP	MIAMI FL 33135		2.4 CITY-ST-ZIP	Miami, Fl 33135	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (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 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: SEC. CARLOS TORRES DE NAVARRA 1/28/99 305 (446-4916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #