

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000075430

1. Corporation Name
COUNTRY MALL PLAZA CORP.

Principal Place of Business
2460 SW 137TH AVE SUITE 238
MIAMI FL 33175

Mailing Address
2460 SW 137TH AVE SUITE 238
MIAMI FL 33175

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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9. Name and Address of Current Registered Agent

A & P REGISTERED AGENT INC
2450 SW 137 AVE
STE 226
MIAMI FL 33175

81 Name

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

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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 is required when changing)

(NOTE)

12. OFFICERS AND DIRECTORS

1.1 TITLE [] DELETE

NAME OCHOA, CARMEN L

STREET ADDRESS 2460 SW 137 AVE, STE 238

CITY-ST-ZIP MIAMI FL 33175

1.2 TITLE [] DELETE

NAME V

STREET ADDRESS 2460 SW 137TH AVE SUITE 238

CITY-ST-ZIP MIAMI FL 33175

1.3 TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.4 TITLE [] DELETE

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STREET ADDRESS

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CITY-ST-ZIP

1.9 TITLE [] DELETE

NAME

STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 21 AM 10:25



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1994

4. FEI Number

65-0573336

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 owes the current year Intangible
Personal Property Tax [] Yes [X] No

10. Name and Address of New Registered Agent

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