

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 19 1997 8:00am
Secretary of State

DOCUMENT # P95000001129 (2)

1. Corporation Name
KIMCO SOUTH MIAMI 634, INC.

Principal Place of Business
1044 NORTHERN BLVD.
ROSLYN FL 11576

Mailing Address
1044 NORTHERN BLVD.
ROSLYN FL 11576-1507



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified
01/05/1995

3a. Date of Last Report
04/26/1996

4. FEI Number
65-0559378

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME KIMMEL, MARTIN S
STREET ADDRESS 3333 NEW HYDE PARK RD
CITY-ST-ZIP NEW HYDE PARK NY 11042

TITLE D ☐ DELETE
NAME COOPER, MILTON
STREET ADDRESS 3333 NEW HYDE PARK RD
CITY-ST-ZIP NEW HYDE PARK NY 11042

TITLE D ☒ DELETE
NAME SAMBER, DAVID M
STREET ADDRESS 3333 NEW HYDE PARK RD
CITY-ST-ZIP NEW HYDE PARK NY 11042

TITLE T ☐ DELETE
NAME PETRA, LOUIS
STREET ADDRESS 3333 NEW HYDE PARK RD
CITY-ST-ZIP NEW HYDE PARK NY 11042

TITLE S ☐ DELETE
NAME SCHULMAN, ROBERT
STREET ADDRESS 3333 NEW HYDE PARK RD
CITY-ST-ZIP NEW HYDE PARK NY 11042

TITLE V ☐ DELETE
NAME WEISS, ALEX
STREET ADDRESS 3333 NEW HYDE PARK RD
CITY-ST-ZIP NEW HYDE PARK NY 11042

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME President
3.3 STREET ADDRESS Mike Ryan
3.4 CITY-ST-ZIP 3333 New Hyde Park Road
PO Box 5020
New Hyde Park, NY 11042-0020

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS PETRA 4/28/97 5168699000

CR2E034 (9/96)