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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000011331 (2)

INVERRAMA SHOPPING PLAZA, INC.

FILED Jan 31 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					•					
3135 ROYAL P. Miami Beach		3135 ROYAL PALM AVE MIAMI BEACH FL 33140-39	3135 ROYAL PALM AVE MIAMI BEACH FL 33140-3937							
						3. Date Incorporated or Qualified 02/07/1995	3a. Da 01/2	te of Last R 2/1996	eport	
2. Principal P	Place of Business	2a, Mailing Address 26			4. FEI Number 65-0579397	Applied For Not Applicable				
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & Stat	e	City & State				Election Campaign Financing Trust Fund Contribution	ncing \$5.00 May Be Added to Fees			
Zıp	Country	Zip Country				8. This corporation has liability for Intangible tax under s. 199.032,				
24	25		30		······································		Yes [
NO.	g, Name and Address of Curre	nt Registered Agent		B1	Nome	10. Name and Address of New Re	gistered /	igent		
	TRKOWSKI, JOEL S		[ا"	Name					
627 71 STREET MIAMI BEACH FL 33141				B2	Street Addr	ess (P.O. Box Number is Not Acceptal	ole)			
MIRAMI DENOTTE 33141			ħ	63					<u></u>	
			ŀ	64	City		FL	85 Zip	Code	
11 Pursuant	to the provisions of Sections 607 050	02 and 607 1508. Florida Statute	es the sh	0/6	-named corn	oration submits this statement for the		changing if	te registered	
	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was e pations of, Section 607.0505, Flo	authorized orida Statu	tes	the corporat	oration submits this statement for the join's board of directors. I hereby acce	pt the app	ointment as	registered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	E: Registered	Age	nt signature requir	ed when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS		13.	•		ADDITIONS/CHANGES TO OFFIC	CERS AND		** ************************************	
TITLE	D Stauber, Edward M	☐ DELETE	1.1 TITE					☐ Change	Addition	
NAME	3135 ROYAL PALM AVE		1.2 NA					-		
STREET ADDRESS	MIAMI BEACH FL 33140				ADDRESS	r _k				
CITY-ST-ZIP TITLE	D			1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition	
NAME	FISHBEIN, HARRY		22 NA					C Villingo	radition	
STREET ADDRESS	P O BOX 3486 N/A				ADDRESS	•	11.5			
CITY-ST-2IP	MIAMI BEACH FL 33140		2. 4 CiT							
TITLE		☐ DELETE		31 TITLE				Change	Addition	
NAME			3.2 NA	ME						
STREET ADDRESS			3 3 STR	IEET	address					
CITY-ST-ZIP		***************************************	3.4. CIT		T-ZIP			,		
TITLE			4.1 TIEL					Change	Addition	
NAME			4. 2 NA							
STREET ADDRESS			4		ADDRESS					
CITY-SI-ZIP TITLE		DELETE	4.4 CIT		I-ZIP	***	· · ·	Change	☐ Addition	
NAME		□ ottruc	5.2 NAN					- Awaide		
STREET ADORESS			1		ADDRESS .					
CITY-ST-ZIP			5.4 CIT		ľ					
TITLE		☐ DELETE	6.1 TITL		LIT			Change	Addition	
NAME		·	6.2 NA		}					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 CIT							
	· · · · · · · · · · · · · · · · · · ·									

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 Brok 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

Daytime Phone #