FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sccretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000038706 (4) TAMIAMI SHOPPING CENTER, INC.						
Principal Place of Business		Mailing Address		4 somtemmet tem tatefer Artite Matte Matte	4 88444 48488 144 8 1 4 8 141 1 3	turi musik ûtst sûbt
890 S.W. 87TH AVE. Miami Fl. 33174		890 S.W. 87TH AVE. Miami Fl 33174				
				3. Date Incorporated or Qualified	3a. Date of Last	Report
2. Principal Pk	ace of Business	2a. Mailing Address		05/16/1995 4. FEI Number	3//6	773
21		26 26		• remaininer	<u> </u>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicative \$8.75 Additional	
22		27		5. Certificate of Status Desired		S Additional Required
City & State		Oity & State		6. Election Campaign Financing		00 May Be
23		28	····	Trust Fund Contribution		ed to Fees
.Zip ●	Country	Zιρ 77.1	Country	8. This corporation has liability for i		s 199.032,
24]	9. Name and Address of Curr	29	30		_ No	
	a. Harris and Roomess of Cult	ent negistered Agent	81 Name	10. Name and Address of New R	egistered Agent	
2250 S. 5TH FLO	i, jorge h p.a. W. 3rd ave. Oor Fl 33129		82 Street Add 83 84 City	iress (P.O. Box Number is Not Acceptab		ip Code
CIONATURE	Signature, by: ed or pricted name of respectation ag	over cornecte, rional dialitie	Off Projectered Agent Superior, 1905 at		CATE	··
THTLE	PTD	DELETE	13. 1 1 Till E	ADDITIONS/CHANGES TO OFFI	· · · · · · · · · · · · · · · · · · ·	
NAME	GONZALEZ, VICTOR		1.2 NAME		Change	☐ Addition
STREET ADDRESS	890 S.W. 87TH AVE.		1.3 STHELL ADDRESS			
CITY-ST-ZIP	MIAMI FL 33174		1.4 CITY - \$1 - ZIF			
TITLE	VSD	☐ DELETE	2 1 1011€		Change	Addition
NAME	GONZALEZ, ANA		2.2 NAME			[] Addition
STREET ADDRESS	890 S.W. 87TH AVE.		2.3 STREET ADORESS			
CITY-ST-ZIP	MIAMI FL 33174		2.4.0/JY-St-ZiP			}
TITLE		☐ DELETE	3 1 TiTLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STHEFT ADDRESS			
CITY-ST-ZIP			34 Cily ST-ZiP			-
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STREET ADDRESS			4.3 STHEET ADDRESS			{
CHY-SI-ZIP			4.4.0(TY+ST+7)P			Ī
HILE		☐ DELETE	5 1 TITLE		☐ Change	Addition
NAME			5.2 NAME			Į
STREET ADORESS			5.3 STREET ADDRESS			5
CITY - ST - ZIP		Figures	5 4 City - St - ZiP			
TITLE		☐ DELETE	6 1 TITLE	-06/07/96010	o ∸r f Epobalge" DZD	Addition
NAME CENTER ANDRESS			62 NAME	***208.75	0177026	2
STREET ADDRESS			6.3 STREET ADDRESS			V

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 argulal 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 embourged 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 afterchment with an address.

SIGNATURE:

1/32/96 305-553-4333