

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

FILED

Jun 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000062637 (0)

1. Corporation Name

THE ICECREAM AT MALL OF THE AMERICAS, INC.

Principal Place of Business

Mailing Address

7795 W FLAGLER ST
MIAMI FL 33144

7795 W FLAGLER ST
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1995

4. FEI Number

65-0624264

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIGUORI, MARIA
7795 W FLAGLER ST
MIAMI FL 33144

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 board if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
LIGUORI, MARIA
8883 FOUNTAINBLEAU BLVD
MIAMI FL 33172

☐ DELETE

13. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

21 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

31 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

41 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

51 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

LIGUORI, MARIA Pres. 4/25/98
305 2679511

CR2E034 (10/97)