

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000077882 (5)

1. Corporation Name
MALLPARK, INC.



Principal Place of Business: **2301 COLLINS AVE SUITE A-1440 MIAMI BEACH FL 33139**
Mailing Address: **2301 COLLINS AVE SUITE A-1440 MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified: **10/01/1995**
3a. Date of Last Report: **10/01/1995**
4. FEI Number: **65-0621220**
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

2. Principal Place of Business: **2301 COLLINS AVE SUITE A-1440 MIAMI BEACH FL 33139**
2a. Mailing Address: **2301 COLLINS AVE SUITE A-1440 MIAMI BEACH FL 33139**
21. Suite, Apt. #, etc.:
22. City & State:
23. Zip: Country:
24. Zip: Country:
25. Zip: Country:
26. Suite, Apt. #, etc.:
27. City & State:
28. Zip: Country:
29. Zip: Country:
30. Zip: Country:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAHN, RICHARD M
2301 COLLINS AVE
SUITE A-1440
MIAMI BEACH FL 33139**

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	KAHN, RICHARD M	
STREET ADDRESS	2301 COLLINS AVE SUITE A-1440	
CITY- ST- ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN KAHN	
STREET ADDRESS	300 S.W. 130TH, TERRACE APT-207	
CITY- ST- ZIP	PEMBROKE PINES, FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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)(s), 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: Richard M. Kahn **APRIL 25, 1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-672-8640
Toll-Free Phone

CR2E034 (12/95)