FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name P95000077882 (5) MALLPARK, INC. Principal Place of Business Mailing Address 6426 SW 133RD PL 6426 SW 133RD PL MIAM! FL 33183 MIAMI FL 33183 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

May 29 1998 8:00am Secretary of State

				10/01/1995		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0621220	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State				6. Election Campaign Financing	\$5.00 May Be	
28		Country	Trust Fund Contribution	Added to Fees		
Zip	Country		Country	This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent year Intangible Yes \[\sum \] No	
24	25 9. Name and Address of Current	29 30	2]	10. Name and Address of New Registered		
KAHN, RICHARD M 6426 SW 133RD PLACE				81 NamamaRIA D. KAHN		
MIAMI FL 33183			B2 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33 183			I A S I	83		
•				MIAMI		
			84 City	FL	- 85 Zip Code 3	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Horida 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.						
SIGNATURE MARIA O. KAHN Mula D. Kaluu 4-29-98 Signature, typicd or printed turne of registered agent and too if epipicatic (NOTE Registered Agent signature required when reinstating) DATE						
SIGNATURE.	Signature, typed or printed name of registered ager	it and too if applicable (NOTE R	legistered Agent signature	required when reinstalling) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS ANI		
TITLE	PT	☐ DELETE	, 1.1 THILE	DIRECTOR	Change Addition	
NAME	KAHN, RICHARD M		1.2 NAME	KICHARD M. KAHN 6426 SW 133 PC		
STREET ADDRESS	6426 SW 133RD PLACE		1.3 STREFT ADDRESS	6426 SOI 133 PC	;	
CITY-ST-ZIP	MIAMI FL 33183		1.4 CITY-ST-ZIP	MIAM, FL 33183		
TITLE	D	☐ DELETE	21 TITLE		Change Addition	
NAME	KAHN, JEAN		2 2 NAME			
STREET ADDRESS	300 SW 130TH TERRACE, APT	f. 207	2.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL		2. 4 CITY - ST - ZIP		Kart -	
TITLE	VT	☐ DEL ē TE	3.1 TITLE	PRESIDENT, TREASURER MARIA D. KAHN 6426 SW 133PL MIAMI FL 33183	Change	
NAME	KAHN, MARIA D		3.2 NAME	MARIA D. KAHN		
STREET ADDRESS	6426 SW 133RD PLACE		3.3 STREET ADDRESS	8426 SM 1331C		
CITY-ST-ZIP	MIAMI FL 33183		3.4. CITY - ST - ZIP	MIAMI FL 33183		
TITLE		[_] DELĒTE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		,	
CITY-ST-ZIP		The Fre	4.4 CITY-ST-ZIP			
TETLE		☐ DELETE	51 TITLE		Change Admition	
NAME			5.2 NAME	~	15/2	
STREET ADDRESS			5.3 STREET ADDRESS		<i>In 2/3/9</i>	
CITY-S1-ZIP		T KEI ETE	5.4 CITY - ST - ZIP	/-		
TITLE		☐ DEL ē te	6.1 TITLE		Change L Addition	
NAME			6.2 NAME	50000254355	3 5	
STREET ADDRESS			6.3 STREET ADDRESS	5000025435 5 -06/02/980101903	9	
CITY-ST-ZIP		Ï	6.4 CITY-ST-ZIP	444170 7C	ì	

14. I hereby certify that the information supplied with this filing cloes not qualify for the exemption stated in Section 113.07(3)(i). Forda Statutes. I further certify that the information indicated on this 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 13 if changed, or on an attachment with an address.