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FILED

Feb 06 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000019179 (6)

1. Corporation Name

SHOPPES AT LAGO MAR, INC.

Principal Place of Business

815 NORTH RED ROAD
SUITE 400
MIAMI FL 33126

Mailing Address

815 NORTH RED ROAD
SUITE 400
MIAMI FL 33126-2042

3. Date Incorporated or Qualified

03/01/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0649349

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

LEOPOLD, NORMAN
20801 BISCAYNE BLVD.
AVENTURA FL 33180

10. Name and Address of New Registered Agent

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 his or her applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME LEOPOLD, NORMAN
STREET ADDRESS 815 NORTH RED ROAD, SUITE 400
CITY-ST-ZIP MIAMI FL 33126TITLE D ☒ DELETE
NAME GONZALEZ, IRIS J
STREET ADDRESS 815 NORTH RED ROAD, SUITE 400
CITY-ST-ZIP MIAMI FL 33126TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Louis O. Gonzalez
1.3 STREET ADDRESS 815 North Red Road, Suite 400
1.4 CITY-ST-ZIP Miami, FL 331262.1 TITLE Vice President ☐ Change ☒ Addition
2.2 NAME Donald S. Smith
2.3 STREET ADDRESS 815 North Red Road, Suite 400
2.4 CITY-ST-ZIP Miami, FL 331263.1 TITLE Vice President ☐ Change ☐ Addition
3.2 NAME Lisa M. Ramos
3.3 STREET ADDRESS 815 North Red Road, Suite 400
3.4 CITY-ST-ZIP Miami, Florida 331264.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 14, 1996 (305) 262-6100

CR2E034 (9/96)