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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000057250 (7)

MIAMI SHOPPING CORP.

1770				
Principal Plac	e of Business	Mailing Address	1-17	- 100111000 110 1010 1011 00111 00111 00111 00111 00111 00110 11010 11010 11010 11010
555 NE 15TH ST		555 NE 15TH ST		
SUITE 24K		SUITE 24K		
MIAMI FL 33132		MIAMI FL 33132		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
9 Principal C	Place of Business	2a. Mailing Address		06/30/1997
	ace of Business	— ·		4. FEI Number Applied For
Sulte, Apt. #, etc.		26 Suite, Apt. #, etc.		65-0764616 Not Applicable
22	, oto.	27		5. Certificate of Status Desired Security Securi
		City & State		
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
į Zip	Country	Zip I	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre			10. Name and Address of New Registered Agent
VIE	IRA, GABRIELLA L		B1 Name	
555 NE 15TH ST			82 Street Addre	ess (P.O. Box Number is Not Acceptable)
SUITE 24K		olioo(/ todi(ood (1.0. Dox Harrison is not Acceptable)	
	AMI FL 33132		83	
			84 City	85 Zip Code
	_			┣╸ <mark>┃</mark> ╸┃ ┃
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				
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 families with, and accept the obligations of Section 607.0505, Florida Statutes.				
SIGNATURE	Mleumer	o Tricier		
	Signature typed or printed nation of registered at		Registered Agent signature require	
12. TITLE	PSTD OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
			1.1 TITLE	Change Addition
NAME	VIEIRA, GABRIELL L 555 NE 15TH ST		1.2 NAME	
STREET ADDRESS	MIAMI FL 33132		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	MIRMITE 33132	DELETE	1 4 CITY-ST-ZIP 2 1 TITLE	Change Addition
NAME			2.2 NAME	Change C Addition
STREET ADDRESS			2.3 STREET ADDRESS	!
CITY-ST-ZIP				,
TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME		been rounte	3.2 NAME	Change C Applicat
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETÉ	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

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 trusted 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.