Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90159 046 ***150.00

DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

Principal Place of Business

4675 S.W. 74TH STREET

MIAMI FL 33143



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mailing Address

MIAMI FL 33143

4675 S.W. 74TH STREET

DOCUMENT # P9700094484

RETAIL PROPERTIES EUROPE, INC.

1								
	• • • • • • • • • • • • • • • • • • • •					3. Date Incorporated or Qualifed		_
·						11/03/1997		
2. Principal F	lace of Business	2a. Mail	ing Address			4. FEI Number	I A	pplied For .
21	• • •	26	_			65-0792620	N	ot Applicable
Suite, Apt.	# etc		e, Apt. #, etc.				\$8.75	Additional
22	,	27	, , ,			5. Certifcate of Status Desired	*	equired
City & Stat	te .		& State			6. Election Campaign Financing	\$5.00	May Be
23	•	28				Trust Fund Contribution		to Fees
Zip	Country	Zip		Countr		8. This corporation owes the current year	Intangible	
24	25	29	36	_	,	Personal Property Tax.	Yes	□No
[24]	9. Name and Address of Curre	11				10. Name and Address of New Registere	d Agent	
1		g		8	Name			,
FAR	R. VERONICA							
4675 S.W. 74TH STREET				82	Street	Address (P.O. Box Number is Not Acceptable)		
1	MI FL 33143			83	1			
WILL	milit C 00 170			•	1		•	
				84	City		85 Zip	Code
						F	- ,	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.15	08, Florida Statutes,	, the abov	e-named	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	of changing its	s registered
agent, i a	registered agent, or both, in the State am familiar with, and accept the obliga	ations of, Sect	ion 607.0505, Florid	a Statute	S.	oration a board of directors. Thorough decept and app		-g
SICNATURE ==					• 🕶	المراجب المستحددون الأراث		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applic	able. (NOTE: Re	egistered Agr	nt signature	required when reinstating) DATE		
12.	OFFICERS A	ND DIRECTO	RS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D		□ DELETE	1.1 TITLE		lo	Change	Addition
NAME	POTAMKIN, ROBERT			1.2 NAME		Veronica Farr		
STREET ADDRESS	4675 S.W. 74TH STREET			1.3 STREE	TADORESS	4675 SW 74th St.		
CITY-ST-ZIP	MIAMI FL 33143			1.4 CITY-1	ST-ZIP	Miami, FL 33143		
TITLE	D		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	POTAMKIN, ALAN H			2.2 NAME				
STREET ADDRESS	AND CAN TAKE ATRICE			2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33143			2. 4 CITY-				
TITLE	D	•	DELETE	3.1 TITLE			Change	☐ Addition
NAME	LEPLEY, RICK H		<u> </u>	3.2 NAME				
					TADDRESS			
STREET ADDRESS	1 .							
CITY-ST-ZIP	MIAMI FL 33143		□ DELETE	3.4. C/TY-	51-ZIP		[7] Change	Addition
TITLE	D SOUTH BODEST		□ vereie					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	CONN, ROBERT			4. 2 NAME				
STREET ADDRESS	1			4.3 STREI	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33143			4.4 CITY-	ST-ZIP			
	D		☐ DELETE	5.1 TITLE			☐ 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, with all photolike empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SPIRO, KORNEL

MIAMI FL 33143

4675 S.W. 74TH STREET

4-16-99

305-665-9600

Change

☐ Addition