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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S07404 (4)
1. Corporation Name
BISCAYNE HARBOUR SHOPPING CENTER, INC.



Principal Place of Business
C/O WILLIAM D. HORVITZ
1 E. BROWARD BLVD., SUITE 1101
FT. LAUDERDALE FL 33301

Mailing Address
C/O WILLIAM D. HORVITZ
1 E. BROWARD BLVD., SUITE 1101
FT. LAUDERDALE FL 33301-1842

3. Date Incorporated or Qualified 10/22/1990
3a. Date of Last Report 03/07/1996

2. Principal Place of Business
21 Suite, Apt. # etc LAS OLAS CENTRE
450 EAST LAS OLAS BOULEVARD, #900
FORT LAUDERDALE, FLORIDA 33301
23 Zip 25 Country

2a. Mailing Address
26 Suite, Apt. # etc LAS OLAS CENTRE
450 EAST LAS OLAS BOULEVARD, #900
FORT LAUDERDALE, FLORIDA 33301
28 Zip 30 Country

4. FEI Number 65-0228343
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

9. Name and Address of Current Registered Agent

PASTERNAK, MARSHALL R.
1221 BRICKELL AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name HORVITZ, WILLIAM D.
82 Street Address (P.O. Box Number is Not Acceptable)
LAS OLAS CENTRE
450 EAST LAS OLAS BOULEVARD, #900
FORT LAUDERDALE, FLORIDA 33301
84 City
85 Zip Code FL

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]*
Signature of officer or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PST	HORVITZ, WILLIAM D.	1 E. BROWARD BLVD. #1101	FT. LAUDERDALE FL	<input type="checkbox"/>
V	LUKE, DOUGLAS S.	1 E. BROWARD BLVD. #1101	FT. LAUDERDALE FL	<input type="checkbox"/>
V	HORVITZ, DAVID W.	1 E. BROWARD BLVD. #1101	FT. LAUDERDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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]*

CR2E034 (9/96)