

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S75130** (2)

1. Corporation Name  
**SW 136TH STREET SHOPPES, INC.**



Principal Place of Business: **575 SOUTHWEST 22ND AVE. MIAMI FL 33135**  
Mailing Address: **575 SOUTHWEST 22ND AVE. MIAMI FL 33135**

3. Date Incorporated or Qualified: **08/22/1991**  
3a. Date of Last Report: **07/25/1995**

21. Mailing Address (Suite, Apt. #, etc.)	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address (Suite, Apt. #, etc.)	27. City & State	28. City & State	29. Zip	30. Country	4. FEI Number: <b>62-0287724</b>	Applied For / Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No						
5. Certificate of Status Desired <input type="checkbox"/>					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No						
5. Certificate of Status Desired <input type="checkbox"/>					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No						

9. Name and Address of Current Registered Agent <b>SPECTOR, STEVEN J. 575 S.W. 22ND AVE. MIAMI FL 33135</b>					10. Name and Address of New Registered Agent						
					81. Name						
					82. Street Address (P.O. Box Number is Not Acceptable)						
					83.						
					84. City						
					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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SPECTOR, ELMOR</b>			1.2 NAME			
STREET ADDRESS	<b>575 S W 22ND AVENUE</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>EVP</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SPECTOR, LOUIS</b>			2.2 NAME			
STREET ADDRESS	<b>575 S W 22ND AVENUE</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* **4/18/96** **305-642-3151**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (12/95)