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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V45748

(3)

Mailing Address

BON TON REAL ESTATE, INC.

| FILED |
|--------------------|
| Apr 04 1997 8:00am |
| Secretary of State |

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| 945 EUCLID AV 6205 BIRD ROA MIAMI EBACH F US | ND . | | 555 JEFFERSON AVE 6205 BIRD ROAD MIAMI EBACH FL 33139-8 US | 302 | | | | Date Incorporated or Qualified 06/23/1992 | | ite of Last Re | eport |
|---|-------------------------------|-----------------------|--|-----------|--------------------------------|----------------------------------|------------------|--|---------------------------|----------------------------|----------------------------|
| ├ - | | | 2a. Mailing Address 26 | | | | : | 4. FEI Number 65-0353369 | | — | plied For t Applicable |
| Suite, Apl. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | SR 75 Additional | | | | |
| City & State City & St | | | City & State | State | | | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 Added t | |
| Zip | 25 | Country | Zip 29 | Co 30 | untry | | , | This corporation has liability for Florida Statutes | r intangible | | . 199.032, |
| | g, Name and | Address of Currer | nt Registered Agent | | Ι., | | | 10. Name and Address of New F | egistered . | Agent | |
| | nandez, Luis | | | | 81 | Name | ' | | | | |
| | JEFFERSON A' WI BEACH FL 3 | | | | 82 | Street A | Address | s (P.O. Box Number is Not Accept | ible) | | |
| | | | | | 83 | | | | | | |
| | | | | | 84 | City | | | FL | | Code |
| office or re | edistered agent | or both, in the State | 2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F | authorize | ad by | the corp | corpora | ation submits this statement for the 's board of directors. I hereby acc | purpose of ept the app | changing it ointment as | s registered registered |
| SIGNATURE | | | | | | | | | | | |
| | Stonature, typest or pri | ofer OFDO AN | ent and tille if applicable (NO D DIRECTORS | | | nt signature | required v | when reinstating) | DATE IOFOC AND | NIDECTAR | IC IN 10 |
| 12. | PD | UFFICERS AN | DELETE | 13. | IITLE | · · · · · I | ····· | ADDITIONS/CHANGES TO OFF | ICERS ANL | Change | Addition |
| NAME | ESTAFAN, EN | J. OLIIM | [beer.c | | | | | | | | |
| STHEET ADDRESS | 6205 BIRD R | | | | 1.2 NAME 1.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | MIAMI FL 331 | | | | CITY-S | | | | | | |
| TITLE | STD | | DELETE | | TITLE | 1 20 | | | | Change | Addition |
| NAME | ESTEFAN, GO | ORIA M | | 2.21 | NAME | 1 | | | | | |
| STREET ADDRESS | 6205 | | | 2.3 | STREET | ADDRESS | | | ı | | |
| CITY-ST-ZiP | MIAMI FL 33 | 155 | | 1 | CITY-S | L | | | | | |
| TITLE | C | | DELETE | 3.1 | TITLE | | | | | Change | Addition |
| NAME | HERNANDEZ | , Luis f | | 3.21 | NAME | | | | | | |
| STREET ADDRESS | 6205 BIRD R | | | 3.3 | STREET | ADDRESS | | | | | |
| CITY - ST - ZIP | MIAMI FL 33 | 155 | | 3.4. | CITY- | ST- ZIP | | | | | |
| TITLE | AS | | ☐ DELETE | 4.1 | TITLE | | | | | Change | Addition |
| NAME | FAJARDO, RI | | | 4. 2 | NAME | | | | | | |
| STREET ADDRESS | 6205 BIRD R | | | 4.3 | STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | MIAMI FL 33 | 155 | | 4.4 | CITY - S | T - ZIP | | | | | |
| TITLE | | | ☐ DELETE | 5.1 | T+TLE | | | | | L Change | Addition |
| NAME | | | | | NAME | | | | | | |
| STREET ADDRESS | | | | 5.3 | STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | <u> </u> | | CHTY - S | T-ZIP | <u> </u> | Milate the research control of the c | | C | Addition |
| P⊤Lŧ | | | ☐ DELETE | | TITLE | | | | | Change | Addition |
| NAME | | | | 4 | NAME | | | | | | |
| STHEET ADDRESS | | | | | | ADDRESS | | | | | |
| CITY-ST-ZiP | but contifu that the | information supplie | d with this filing dose not eve | | CITY-S | | tated in | Section 119 07(3)(i) Florida Statu | tes I furthe | r certify that | the |

4. 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 or properties and that my name and ress.

SIGNATURE:

3/31/97

(305) 634 - 4330

Daytime Phone #