

FILE NOW: FILING FEE IS \$61.25

FILED  
May 02 1997 8:00am  
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 723426 (3)  
1. Corporation Name  
WATERWAY PLAZA, INC.



Principal Place of Business Mailing Address  
WATERWAY PLAZA, INC.  
7900 TATUM WATERWAY DR.  
MIAMI BEACH FL 33141  
US

3. Date Incorporated or Qualified 05/16/1972  
3a. Date of Last Report 04/25/1996  
4. FEI Number 59-1502264  
Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 Max Be  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
WATERWAY PLAZA INC.  
7900 TATUM WATERWAY DR.  
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent  
81 Name Guarantee Management Serv Inc  
82 Street Address (P.O. Box Number is Not Acceptable) 111 Fountainbleau Blvd  
83 Miami, FL 33172  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE 04/22/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P / D	<input type="checkbox"/> DELETE
NAME	Piazza-Zuniga, Jeannie	
STREET ADDRESS	7900 TATUM WATERWAY DR. #08 401	
CITY - ST - ZIP	MIAMI BCH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SCARANO, VINCE J	
STREET ADDRESS	7900 TATUM WATERWAY DR. #08 401	
CITY - ST - ZIP	MIAMI BCH FL	
TITLE	XR T / D	<input type="checkbox"/> DELETE
NAME	GENTRY, CHARLOTTE	
STREET ADDRESS	7900 TATUM WATERWAY DR. #08 311	
CITY - ST - ZIP	MIAMI BCH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RUA, AXEL	
STREET ADDRESS	7900 TATUM WATERWAY 408	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, ROSEMARY	
STREET ADDRESS	7900 TATUM WATERWAY DR 307	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHLISSEL, JERRY	
STREET ADDRESS	7900 TATUM WATERWAY DR 306	
CITY - ST - ZIP	MIAMI BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Alexis Irausquin	
1.3 STREET ADDRESS	7900 Tatum Waterway Dr #512	
1.4 CITY - ST - ZIP	Miami Beach FL 33141	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE 3/26/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0029788

CR2E037 (9/96)