

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**

**WATERWAY PLAZA, INC.
7900 TATUM WATERWAY DR.
MIAMI BEACH FL 33141-1804
US**



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

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 <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 Max Be
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

**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 City	Miami, FL 33172
84 State	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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/26/97

DATE

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	VP 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	SCHLUSSEL, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97

Date

Daytime Phone # 0029788

CR2E037 (9/96)