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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 723426

1. Corporation Name
WATERWAY PLAZA, INC.

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

Mailing Address
111 FONTAINEBLEAU BLVD
MIAMI FL 33172
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	7900 TATUM WATERWAY DR.	05/16/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1502264	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28	MIAMI BEACH, FL	\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29	33141	\$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
25		30	U.S.		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GUARANTEE MANAGEMENT SERV. IN. 111 FOUNTAINBLEAU BLVD. MIAMI FL 33172				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZUNIGA, PIAZZA J	1.2 NAME	DELGADO, NOEMI
STREET ADDRESS	7900 TATUM WATERWAY DR 401	1.3 STREET ADDRESS	7900 TATUM WATERWAY DR 406
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRAUSQUIN, ALEXIS	2.2 NAME	CASTILLO, JOSE
STREET ADDRESS	7900 TATUM WATERWAY DR., #512	2.3 STREET ADDRESS	7900 TATUM WATERWAY DR 313
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTRY, CHARLOTTE	3.2 NAME	
STREET ADDRESS	7900 TATUM WATERWAY DR #408	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLISSEL, JERRY	4.2 NAME	
STREET ADDRESS	7900 TATUM WATERWAY DR 306	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	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 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, with all other like empowered.

SIGNATURE: *W. Delgado* **W. DELGADO** **RENE DELGADO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **March 4, 1999**
 Daytime Phone #: **305-798-0569**

CR2E037 (11/98)