NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-28-2008 90011 044 ****61.25
723426

FILED
08 JUL 18 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723426

1. Entity Name
WATERWAY PLAZA, INC.

DO NOT WRITE IN THIS SPACE

CR2E037B (5/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Waterway Plaza, Inc.	TPS Management
Suite, Apt. #, etc.: 7900 Tatum Waterway Dr.	Suite, Apt. #, etc.: P.O. Box 660554
City & State: Miami Beach, FL	City & State: Miami Springs, FL
Zip: 33141 Country: U.S.	Zip: 332660 Country: U.S

4. FEI Number: 59-1502264 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: SKRLD, INC.

Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle

Suite 1102

City: Coral Gables FL Zip Code: 33134.

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

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

FEE IS $61.25
Initial or Amended AR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Micah Goldstein
STREET ADDRESS	7900 Tatum Waterway Dr. #510
CITY-ST-ZIP	Miami Beach, Fl. 33141
TITLE	VD
NAME	Juan F. Zuniga
STREET ADDRESS	7900 Tatum Waterway Dr. #410
CITY-ST-ZIP	Miami Beach, Fl. 33141
TITLE	TSD
NAME	Patricia De Gois Fernandez
STREET ADDRESS	7900 Tatum Waterway Dr. #213
CITY-ST-ZIP	Miami Beach, Fl. 33141
TITLE	Assistant Secretary
NAME	Jerry Schlissel
STREET ADDRESS	7900 Tatum Waterway Dr. #306
CITY-ST-ZIP	Miami Beach, Fl. 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

7/7/18

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Micah B. Goldstein President 5/14/08 305-685-0845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #