

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMPA, FLORIDA 33604
SECRETARY OF STATE
CHIEF OF BUREAU OF CORPORATIONS

DOCUMENT # 734181

(1)

PENN PLAZA ASSOCIATION, INC.

FILED
STATE OF FLORIDA
95 MAY -1 AM 8:01

Principal Place of Business

1530 PENNSYLVANIA AVE
MIAMI BEACH FL 33139

Mailing Address

1530 PENNSYLVANIA AVE
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/28/1975	3a. Date of Last Report 07/14/1994
4. FEI Number 65-0044784	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
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	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

ALFONSO, ANTONIA N
1530 PENNSYLVANIA AVE 205
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Registered Agent or authorized representative of the corporation

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11. TITLE	☐ Change ☐ Addition
NAME	ANTONIA, ALFONSO	12. NAME	
STREET ADDRESS	1530 PENNSYLVANIA AV 205	13. STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL	14. CITY, ST, ZIP	
TITLE	D	21. TITLE	☐ Change ☐ Addition
NAME	DALY, PATRICK	22. NAME	
STREET ADDRESS	1530 PENNSYLVANIA AVE	23. STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL	24. CITY, ST, ZIP	
TITLE	D	31. TITLE	☐ Change ☐ Addition
NAME	BISHOPPRICE, M.D., DR. GEORGE	32. NAME	
STREET ADDRESS	1598 NW 13TH AVENUE	33. STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	34. CITY, ST, ZIP	
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(1)(b), Florida Statutes. I further certify 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: *Antonina Alfonso*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIA N ALFONSO 4/24/95 131 7079