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**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90098 011 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 734181**

1. Corporation Name

**PENN PLAZA ASSOCIATION, INC.**

Principal Place of Business

**1530 PENNSYLVANIA AVE  
APT. #202  
MIAMI BEACH FL 33139**

Mailing Address

**1530 PENNSYLVANIA AVE  
APT. #202  
MIAMI BEACH FL 33139**

96353-90098-113



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **29** Country

3. Date Incorporated or Qualified  
**10/28/1975**

4. FEI Number  
**65-0044784**

Applied For  
Not Applicable

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

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

**BISHOPRIC, GEORGE A JR. MD.  
1530 PENNSYLVANIA AVE 202  
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **BISHOPRIC, GEORGE JR. MD.**  
STREET ADDRESS **1530 PENNSYLVANIA AVE #202**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **VPD** ☐ DELETE  
NAME **KITAN, KAMRAN**  
STREET ADDRESS **1530 PENNSYLVANIA AVE #204**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **TD** ☐ DELETE  
NAME **ZAMBRAND, JULIO**  
STREET ADDRESS **1736 SW 19TH ST. #404**  
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **SD** ☐ DELETE  
NAME **RODRIGUEZ, VICTORIA**  
STREET ADDRESS **1530 PENNSYLVANIA #303**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **VPD** ☒ Change ☐ Addition  
2.2 NAME **KHAN, KAMRAN**  
2.3 STREET ADDRESS **1530 PENNSYLVANIA AVE #202**  
2.4 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**115199 (305) 534-2306**

CR2E037 (11/98)