

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **745160** (2)
1. Corporation Name

PLAZA OF THE AMERICAS PART I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **16909 N BAY RD NORTH MIAMI BEACH FL 33160 US**
Mailing Address: **17001 NORTH BAY ROAD NORTH MIAMI BEACH FL 33160**

3. Date Incorporated or Qualified: **12/07/1978**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **59-2071184**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-26) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

**KALLICNE, ANTHONY A. (ESQ)
BECKER, POLIAKOFF & STREIFFELD, P.A.
6161 BLUE LAGOON DR., SUITE #250
MIAMI FL 33126**

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SIMONOFF, MARTIN	
STREET ADDRESS	8564 NW 165TH TERRACE	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SANCHEZ, SARA	
STREET ADDRESS	16909 NORTH BAY ROAD#221	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	Secy.	<input type="checkbox"/> DELETE
NAME	SHIDLOWSKY, DOLORES HOWARD	
STREET ADDRESS	18400 W. DIXIE HIGHWAY	
CITY-ST-ZIP	N. MIAMI BCH FL 33160	
TITLE	Vice Pres.	<input type="checkbox"/> DELETE
NAME	BOURBONNIERE	
STREET ADDRESS	16909 N BAY ROAD 407	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	KENNEDY, KATHLEEN	
STREET ADDRESS	16909 N BAY RD 908	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	Alternate Vice Pres.	<input type="checkbox"/> DELETE
NAME	Elliot Kalus	
STREET ADDRESS	20400 W. Country Club Dr.	
CITY-ST-ZIP	Aventura, FL, 33180	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	900001769649
1.3 STREET ADDRESS	-04/04/96--01066--033
1.4 CITY-ST-ZIP	***61.25
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Howard Shidlofsky
3.3 STREET ADDRESS	18400 W DIXIE HWY
3.4 CITY-ST-ZIP	N. Miami Beach, FL. 33160
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Claude Bourbonniere
4.3 STREET ADDRESS	16909 N. Bay Rd.
4.4 CITY-ST-ZIP	N. Miami Beach, FL. 33160
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	delete
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an arrow.

SIGNATURE: **Howard Shidlofsky, Director** DATE: _____ DUSTIME PHONE: _____

CR2E037 (12/95)