

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 16 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 33160-3643
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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	30

3. Date Incorporated or Qualified 12/07/1978	3a. Date of Last Report 04/04/1996
4. FEI Number 59-2071184	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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	SD	<input type="checkbox"/> DELETE
NAME	SHIDLOWSKY, HOWARD	
STREET ADDRESS	18400 W. DIXIE HIGHWAY	
CITY-ST-ZIP	N. MIAMI BCH FL 33160	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BOURBONNIERE	
STREET ADDRESS	16909 N BAY ROAD 407	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KALUS, ELLIOT	
STREET ADDRESS	20400 W. COUNTRY CLUB DR.	
CITY-ST-ZIP	ADVENTURA FL 33180	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Vice Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Claude Bourbonniere
4.3 STREET ADDRESS	16909 N. Bay Rd., #407
4.4 CITY-ST-ZIP	N. Miami Beach, Fl. 33160
5.1 TITLE	Director/Alternate VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kalus, Elliot
5.3 STREET ADDRESS	20400 W. Country Club Dr.
5.4 CITY-ST-ZIP	Aventura, Fl. 33180
6.1 TITLE	<input type="checkbox"/> Change <input 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 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.

SIGNATURE: \_\_\_\_\_ DATE: 4/23/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-944-9126  
 Daytime Phone # 0031599

CR2E037 (9/96)