


FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90180 029 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 745160 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	

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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/07/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2071184 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Recurred
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KALLICNE, ANTHONY A. (ESQ) BECKER, POLIAKOFF & STREIFFELD, P.A. 6161 BLUE LAGOON DR., SUITE #250 MIAMI FL 33126	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONOFF, MARTIN	1.2 NAME	
STREET ADDRESS	8564 NW 185TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33016	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, SARA	2.2 NAME	VP
STREET ADDRESS	16909 NORTH BAY ROAD #221	2.3 STREET ADDRESS	SANCHEZ, SARA
CITY-ST-ZIP	N MIAMI BEACH FL 33160	2.4 CITY-ST-ZIP	16909 N. BAY RD. #221 N. MIAMI BEACH, FL.
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIDLOWSKY, HOWARD	3.2 NAME	SD
STREET ADDRESS	18400 W. DIXIE HIGHWAY	3.3 STREET ADDRESS	SHIDLOWSKY, HOWARD
CITY-ST-ZIP	N. MIAMI BCH FL 33160	3.4 CITY-ST-ZIP	18400 W. DIXIE HWY. N. MIAMI, FL.
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURBONNIERE, CLAUDE	4.2 NAME	T.D
STREET ADDRESS	16909 N. BAY RD., #407	4.3 STREET ADDRESS	BOURBONNIERE, CLAUDE
CITY-ST-ZIP	N MIAMI BEACH FL	4.4 CITY-ST-ZIP	16909 N. BAY RD. #407 N. MIAMI BEACH, FL.
TITLE	DAVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALUS, ELLIOT	5.2 NAME	
STREET ADDRESS	20400 W. COUNTRY CLUB DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ADVENTURA FL 33180	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* **SIGNATURE REQUIRED** _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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