

**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 # **745161** (0)  
1. Corporation Name  
**PLAZA OF THE AMERICAS CLUB, INC.**



Principal Place of Business: 17001 NORTH BAY ROAD, NORTH MIAMI BEACH FL 33160  
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: 59-1992403  
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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**BECKER, POLIAKOFF & STREITFELD, P.A.**  
6161 BLUE LAGOON DR., SUITE 250  
MIAMI FL 33126

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_  
(NOTE: Registered Agent Signature Required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	P SIMONOFF, MARTIN 8564 NW 165 TERR MIAMI LAKES FL 33016	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<del>H</del> SHIDLOWSKY, DOLORES 18400 W DIXIE HWY N MIAMI BCH FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Pres Harold Bernstein
STREET ADDRESS		2.3 STREET ADDRESS	16919 N. Bay Rd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	N. Miami Beach, FL 33160
TITLE	<del>B</del> V.P. BEAUBRUN, JOHN 410 NE 105 ST MIAMI SHORES FL 33138	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	900001769639
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-04/04/96--01066--029
TITLE	T SANCHEZ, SARA 16909 N BAY RD 221 N MIAMI BCH FL 33160	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	***61.25
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<del>S</del> D SHIDLOWSKY, HOWAR 18400 W DIXIE HWY N MIAMI BCH FL 33160	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	D - Howard Shidlofsky
STREET ADDRESS		5.3 STREET ADDRESS	18400 W, DIXIE HWY
CITY-ST-ZIP		5.4 CITY-ST-ZIP	N MIAMI, FL 33160
TITLE	<del>B</del> BEIGEL, SAM 18400 W DIXIE HWY N MIAMI BCH FL	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Elise Slight, Director
STREET ADDRESS		6.3 STREET ADDRESS	Alternate V.P.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	16919 N. Bay Rd. N. Miami Beach, FL 33160

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, or in Block 13 if added.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)