


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
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 33160-3643

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/07/1978		04/04/1996	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number		Applied For	
23. City & State		28. City & State		59-1992403		Not Applicable	
24. Zip		25. Country		29. Zip		30. Country	
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				10. Name and Address of New Registered Agent			
BECKER, POLIAKOFF & STREITFELD, 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			

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P SIMONOFF, MARTIN <i>D</i>	<input type="checkbox"/> DELETE	1.1 TITLE Executive Vice Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8564 NW 165 TERR		1.2 NAME Martin Simonoff
STREET ADDRESS	MIAMI LAKES FL 33016		1.3 STREET ADDRESS 8564 N.W. 165 Terrace
CITY-ST-ZIP			1.4 CITY-ST-ZIP Miami Lakes, Fl. 33016
TITLE	P BERSTEIN, HAROLD <i>D</i>	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16919 N. BAY RD.		2.2 NAME
STREET ADDRESS	N MIAMI BCH FL 33160		2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	VP BEAUBRUN, JOHN <i>D</i>	<input type="checkbox"/> DELETE	3.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	410 NE 105 ST		3.2 NAME John Beaubrun
STREET ADDRESS	MIAMI SHORES FL 33138		3.3 STREET ADDRESS 410 N.E. 105 St.
CITY-ST-ZIP			3.4 CITY-ST-ZIP Miami Shores, Fl. 33138
TITLE	T SANCHEZ, SARA <i>D</i>	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16909 N BAY RD 221		4.2 NAME
STREET ADDRESS	N MIAMI BCH FL 33160		4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE	SD SHIDLOWSKY, HOWARD <i>D</i>	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18400 W DIXIE HWY		5.2 NAME
STREET ADDRESS	N MIAMI BCH FL 33160		5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE	D SLAGHT, ELISE <i>D</i>	<input type="checkbox"/> DELETE	6.1 TITLE Alternate Vice Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16919 N. BAY RD.		6.2 NAME Elise Slaght
STREET ADDRESS	N MIAMI BCH, FL 33160		6.3 STREET ADDRESS 16919 N. Bay Rd.
CITY-ST-ZIP			6.4 CITY-ST-ZIP N. Miami Beach, Fl. 33160

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.

CR2E037 (9/96)

SIGNATURE _____