


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
4. FEI Number 59-1992403	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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	EVP	<input type="checkbox"/> DELETE
NAME	SIMONOFF, MARTIN	
STREET ADDRESS	8564 NW 165 TERR	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERSTEIN, HAROLD	
STREET ADDRESS	16919 N. BAY RD.	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BEAUBRUN, JOHN	
STREET ADDRESS	410 NE 105 ST	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SANCHEZ, SARA	
STREET ADDRESS	16909 N BAY RD 221	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	SDD	<input type="checkbox"/> DELETE
NAME	SHDLOWSKY, HOWARD	
STREET ADDRESS	18400 W DIXIE HWY	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	SLAGHT, ELISE	
STREET ADDRESS	16919 N. BAY RD.	
CITY-ST-ZIP	N MIAMI BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P Martin Simonoff
1.3 STREET ADDRESS	8564 N.W. 165 Terr.
1.4 CITY-ST-ZIP	Miami Lakes Fl.
2.1 TITLE	Exec. V.P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Harold Scott Bernstein
2.3 STREET ADDRESS	16919 N. Bay Rd
2.4 CITY-ST-ZIP	Sunny Isles Bch Fl. 33160
3.1 TITLE	2nd VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Beaubrun, John
3.3 STREET ADDRESS	410 NE 105 ST.
3.4 CITY-ST-ZIP	Miami Shores Fl.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 attached page.

SIGNATURE: *[Signature]* **4/16/98 305-944-9121**

CR2E037 (10/97)