


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90066 035 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745161 ✓

1. Corporation Name

PLAZA OF THE AMERICAS CLUB, INC.

Principal Place of Business

Mailing Address

17001 NORTH BAY ROAD
NORTH MIAMI BEACH FL 33160

17001 NORTH BAY ROAD
NORTH MIAMI BEACH FL 33160



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/07/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1992403	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONOFF, MARTIN	1.2 NAME	Martin Simonoff
STREET ADDRESS	8564 NW 165 TERR	1.3 STREET ADDRESS	8564 NW 165 ST.
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	MIAMI LAKES FL.
TITLE	EVPD <input type="checkbox"/> DELETE	2.1 TITLE	P. Bernstein, Harold Scott <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, HAROLD SCOTT	2.2 NAME	16919 N. Bay Rd.
STREET ADDRESS	16919 N. BAY RD.	2.3 STREET ADDRESS	SUNNY ISLES BEACH FL. 33160
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	2.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUBRUN, JOHN	3.2 NAME	
STREET ADDRESS	410 NE 105 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	EVP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, SARA	4.2 NAME	Sanchez, Sara
STREET ADDRESS	16909 N BAY RD 221	4.3 STREET ADDRESS	16909 N Bay Rd
CITY-ST-ZIP	N MIAMI BCH FL	4.4 CITY-ST-ZIP	Sunny Isles Beach FL. 33160
TITLE	SDD <input type="checkbox"/> DELETE	5.1 TITLE	Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIDLOWSKY, HOWARD	5.2 NAME	Shidlofsky, Howard
STREET ADDRESS	18400 W DIXIE HWY	5.3 STREET ADDRESS	18400 W. DIXIE HWY
CITY-ST-ZIP	N MIAMI BCH FL	5.4 CITY-ST-ZIP	N. Miami Bch, FL. 33180
TITLE	AVP <input type="checkbox"/> DELETE	6.1 TITLE	AVP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAGHT, ELISE	6.2 NAME	Slaght, Elise
STREET ADDRESS	16919 N. BAY RD.	6.3 STREET ADDRESS	16919 N Bay Rd.
CITY-ST-ZIP	N MIAMI BCH FL	6.4 CITY-ST-ZIP	SUNNY ISLES Bch, FL. 33160

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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/99 305-944-9126

Date

Daytime Phone #

CR2E037 (5/99)