


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 <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> 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 17001 NORTH BAY ROAD NORTH MIAMI BEACH FL 33160	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 59-1992403
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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 \_\_\_\_\_ (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	<i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONOFF, MARTIN	1.2 NAME	<i>Martin Simonoff</i>
STREET ADDRESS	8564 NW 165 TERR	1.3 STREET ADDRESS	<i>8564 NW 165 ST,</i>
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	<i>MIAMI LAKES FL.</i>
TITLE	EVDP <input type="checkbox"/> DELETE	2.1 TITLE	<i>P. Bernstein, Harold Scott</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, HAROLD SCOTT	2.2 NAME	<i>16919 N. Bay Rd.</i>
STREET ADDRESS	16919 N. BAY RD.	2.3 STREET ADDRESS	<i>SUNNY ISLES BEACH FL. 33160</i>
CITY-ST-ZIP	SUNNY ISLES BEACH FL- 33160	2.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	3.1 TITLE	
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	<i>EVDP</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, SARA	4.2 NAME	<i>Sanchez, Sara</i>
STREET ADDRESS	16909 N BAY RD 221	4.3 STREET ADDRESS	<i>16909 N Bay Rd</i>
CITY-ST-ZIP	N MIAMI BCH FL	4.4 CITY-ST-ZIP	<i>Sunny Isles Beach FL. 33160</i>
TITLE	SDD <input type="checkbox"/> DELETE	5.1 TITLE	<i>Secretary/Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIDLOWSKY, HOWARD	5.2 NAME	<i>Shidlowsky, Howard</i>
STREET ADDRESS	18400 W DIXIE HWY	5.3 STREET ADDRESS	<i>18400 W. DIXIE HWY</i>
CITY-ST-ZIP	N MIAMI BCH FL	5.4 CITY-ST-ZIP	<i>N. Miami Bch, FL. 33180</i>
TITLE	AVP <input type="checkbox"/> DELETE	6.1 TITLE	<i>AVP/D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAGHT, ELISE	6.2 NAME	<i>Slaght, ELISE</i>
STREET ADDRESS	16919 N. BAY RD.	6.3 STREET ADDRESS	<i>16919 N Bay Rd.</i>
CITY-ST-ZIP	N MIAMI BCH. FL	6.4 CITY-ST-ZIP	<i>SUNNY ISLES Bch, FL. 33160</i>

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** *7/24/99* *305-944-9126*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11 0438  
CR2E037 (5/99)