

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90406 047 ****61.25

DOCUMENT # 745161

1. Entity Name
PLAZA OF THE AMERICAS CLUB, INC.



Principal Place of Business
17001 NORTH BAY ROAD
SUNNY ISLES BEACH, FL 33160

Mailing Address
17001 NORTH BAY ROAD
SUNNY ISLES BEACH, FL 33160

2. Principal Place of Business - No P.O. Box #
17001 North Bay Rd
Suite, Apt. #, etc.

3. Mailing Address
17001 North Bay Rd.
Suite, Apt. #, etc.



04232008 Chg-NP CR2E037 (12/06)

City & State
Sunny Isles Beach FL
Zip 33160 Country U.S.

4. FEI Number
59-1992403
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTUNDO, EDUARDO
17001 NORTH BAY ROAD
SUNNY ISLES BEACH, FL 33160

7. Name and Address of New Registered Agent

Name ESPINOZA, HUGO
Street Address (P.O. Box Number is Not Acceptable)
17001 North Bay Road
City Sunny Isles Beach FL Zip Code 33160

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/08

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ABREU, LUIS	
STREET ADDRESS	17021 NORTH BAY RD	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NAVARRO, LUIS	
STREET ADDRESS	16909 N BAY ROAD #516	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SUFRIN, ELIYOU	
STREET ADDRESS	16919 NORTH BAY RD	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NAVARRO, LUIS	
STREET ADDRESS	16909 NORTH BAY RD	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	ESTREMADOYRO, ALFONSO	
STREET ADDRESS	17011 NORTH BAY RD	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, MERCEDES	
STREET ADDRESS	17011 NORTH BAY RD	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLORES, LILIAN	
STREET ADDRESS	17011 North Bay Road #601	
CITY-ST-ZIP	Sunny Isles Beaches, FL 33160	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, Martha	
STREET ADDRESS	17011 North Bay Rd #614	
CITY-ST-ZIP	Sunny Isles Beach, FL 33160	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raucati, Liliana	
STREET ADDRESS	16919 North Bay Rd.	
CITY-ST-ZIP	Sunny Isles Beach, FL 33160	
TITLE	BM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPINOZA, Elisa	
STREET ADDRESS	17021 North Bay Road #315	
CITY-ST-ZIP	Sunny Isles Beach, FL 33160	
TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Madrid, Diana	
STREET ADDRESS	16909 North Bay Road #321	
CITY-ST-ZIP	Sunny Isles Beach, FL 33160	
TITLE	BM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mendoza, Carmen	
STREET ADDRESS	16919 North Bay Rd #216	
CITY-ST-ZIP	Sunny Isles Beach, FL 33160	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

(305) 944-9126

Liliana Raucati

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT
Page #2

DOCUMENT #745161 1. Entity Name PLAZA OF THE AMERICAS CLUB, INC.					
Principal Place of Business 17001 NORTH BAY ROAD SUNNY ISLES BEACH, FL 33160			Mailing Address 17001 NORTH BAY ROAD SUNNY ISLES BEACH, FL 33160		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1992403	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROTUNDO, EDUARDO 17001 NORTH BAY ROAD SUNNY ISLES BEACH, FL 33160				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABREU, LUIS		NAME	Viscarrá, Jennifer	
STREET ADDRESS	17021 NORTH BAY RD		STREET ADDRESS	16909 North Bay Road	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160		CITY-ST-ZIP	Sunny Isles Beach, FL 33160	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAVARRO, LUIS		NAME	Pontillo, Cristina	
STREET ADDRESS	16909 N BAY ROAD #516		STREET ADDRESS	17021 North Bay Road	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160		CITY-ST-ZIP	Sunny Isles Beach, FL 33160	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUFRIN, ELIYOH		NAME		
STREET ADDRESS	16919 NORTH BAY RD		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARRO, LUIS		NAME		
STREET ADDRESS	16909 NORTH BAY RD		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160		CITY-ST-ZIP		
TITLE	BM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTREMADOYRO, ALFONSO		NAME		
STREET ADDRESS	17011 NORTH BAY RD		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160		CITY-ST-ZIP		
TITLE	BM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MERCEDES		NAME		
STREET ADDRESS	17011 NORTH BAY RD		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/21/08 305)944-9126 Date Daytime Phone #		