FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 PM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746870 (5)

1. Corporation Name
PLAZA OF THE AMERICAS PART IV CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17001 NORTH BAY ROAD N MIAMI BEACH FL 33160	17001 NORTH BAY ROAD N MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/24/1979**
3a. Date of Last Report: **04/26/1994**
4. FEI Number: **59-2070782** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 17021 N. Bay Road	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: N.M.Bch. Fl	28 City & State
24 Zip: 33160 25 Country: DADE	29 Zip 30 Country

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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	1.1 TITLE	D	☒ Change ☐ Addition
NAME	LISS, MITCHELL	1.2 NAME		
STREET ADDRESS	18400 W DIXIE HWY	1.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	PS	☒ Change ☐ Addition
NAME	SHIDLOWSKY, HOWARD	2.2 NAME		
STREET ADDRESS	18400 W DIXIE HWY	2.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BCH.,F L.	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	BEIGEL, SAM	3.2 NAME		
STREET ADDRESS	18400 W DIXIE HWY	3.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BCH. FL	3.4 CITY-ST-ZIP		
TITLE	VPD	4.1 TITLE	T	☒ Change ☐ Addition
NAME	ROSEN, HENRY	4.2 NAME	Levivey, Esfir	
STREET ADDRESS	17011 N. BAY RD. #407	4.3 STREET ADDRESS	17021 N. Bay Road, #802	
CITY-ST-ZIP	N. MIAMI BEACH FL	4.4 CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE	TD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	ROSENBAUM, MURRAY	5.2 NAME		
STREET ADDRESS	170001 A NORTH BAY RD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 4/4/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO OFFICER OR DIRECTOR — Date — Daytime Phone #

000934