

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortimer</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 746870 (5)**  
1. Corporation Name  
**PLAZA OF THE AMERICAS PART IV CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>17021 N BAY RD N MIAMI BEACH FL 33160 US</b>	Mailing Address <b>17001 NORTH BAY ROAD N MIAMI BEACH FL 33160-3643</b>
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3. Date Incorporated or Qualified <b>04/24/1979</b>	3a. Date of Last Report <b>04/04/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number <b>59-2070782</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 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)

12. OFFICERS AND DIRECTORS

TITLE	<b>PS</b>	<input type="checkbox"/> DELETE
NAME	<b>SHIDLOWSKY, HOWARD</b>	
STREET ADDRESS	<b>18400 W DIXIE HWY</b>	
CITY-ST-ZIP	<b>N. MIAMI BCH., FL 33160</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>BEIGEL, SAM</b>	
STREET ADDRESS	<b>272 NE 211 TERR.</b>	
CITY-ST-ZIP	<b>N. MIAMI BCH. FL 33160</b>	
TITLE	<b>TP</b>	<input type="checkbox"/> DELETE
NAME	<b>LEBRELL, CHRISTIAN</b>	
STREET ADDRESS	<b>PO BOX 381792 N/A</b>	
CITY-ST-ZIP	<b>N MIAMI BECH FL 33160</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSENBAUM, MURRAY</b>	
STREET ADDRESS	<b>170001 A NORTH BAY RD.</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33160</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LOPATOFF, EDITH</b>	
STREET ADDRESS	<b>18400 W. DIXIE HWY.</b>	
CITY-ST-ZIP	<b>N. MIAMI BCH. FL 33160</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DELETE</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Lebrell, Christian</b>
3.3 STREET ADDRESS	<b>P.O. Box 381792 N/A</b>
3.4 CITY-ST-ZIP	<b>N. Miami Beach, Fl. 33160</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Director/Alternate VP Lopatoff, Edith</b>
5.3 STREET ADDRESS	<b>18400 W. Dixie Hwy.</b>
5.4 CITY-ST-ZIP	<b>N. Miami Beach, Fl. 33160</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Director Pinkus, Ellie</b>
6.3 STREET ADDRESS	<b>c/o Plaza Realty, 17001 N. Bay Rd.</b>
6.4 CITY-ST-ZIP	<b>N. Miami Beach, Fl. 33160</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 as an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (9/96)

305-412207 948 2022