


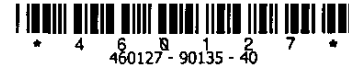
FILE NOW: FILING FEE IS \$61.25

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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90135 040 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 746870					
1. Corporation Name PLAZA OF THE AMERICAS PART IV CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 17021 N BAY RD N MIAMI BEACH FL 33160 US			Mailing Address 17001 NORTH BAY ROAD N MIAMI BEACH FL 33160		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2070782	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

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			
				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	PSD	<input type="checkbox"/> DELETE		1.1 TITLE	PS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHIDLOWSKY, HOWARD			1.2 NAME	SHIDLOWSKY, HOWARD		
STREET ADDRESS	18400 W DIXIE HWY			1.3 STREET ADDRESS	18400 W. DIXIE HWY.		
CITY-ST-ZIP	N. MIAMI BCH., FL			1.4 CITY-ST-ZIP	N. MIAMI, FL.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PINKUS, ELLIE			2.2 NAME			
STREET ADDRESS	C/O PLAZA REALTY, 17001 N BAY RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BCH. FL			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	EVP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEBRELL, CHRISTIAN			3.2 NAME	LEBRELL, CHRISTIAN		
STREET ADDRESS	PO BOX 381792 N/A			3.3 STREET ADDRESS	P.O. BOX 381792		
CITY-ST-ZIP	N MIAMI BECH FL			3.4 CITY-ST-ZIP	N. MIAMI, FL.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSENBAUM, MURRAY			4.2 NAME	ROSENBAUM, MURRAY		
STREET ADDRESS	170001 A NORTH BAY RD.			4.3 STREET ADDRESS	17001A N. BAY RD.		
CITY-ST-ZIP	N. MIAMI BEACH FL			4.4 CITY-ST-ZIP	N. MIAMI BEACH, FL.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	DAVP	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOPATOFF, EDITH			5.2 NAME			
STREET ADDRESS	18400 W. DIXIE HWY.			5.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BCH. FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)