

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90238 008 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000003065

1. Corporation Name
PLAZA PUERTO RICO MANAGEMENT, INC.



Principal Place of Business: N-1, TORTOLA ST., URB. TIERRA ALTA II, GUAYNABO, PR 00969, OC
 Mailing Address: N-1, TORTOLA ST., URB. TIERRA ALTA II, GUAYNABO, PR 00969, OC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 28801-29129 US 19N		26 MSC 621 89 De Diego AVE.		05/29/1998	
22 Suite, Apt. #, etc.		27 Suite 105		4. FEI Number Applied For	
23 Clearwater FL		28 San Juan		66-0532586 Not Applicable	
24 Zip Country		29 00927 30 Puerto Rico		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COLL, MARTA SEIN 5042, CROSS POINTE DR. OLDSMAR FL 34677				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 N/A (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELCER, SERGIO GABRIEL	1.2 NAME	
STREET ADDRESS	N-1, TORTOLA ST., URB. TIERRA ALTA II	1.3 STREET ADDRESS	N/A
CITY-ST-ZIP	GUAYNABO, PR 00969	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINBERG, MINDY	2.2 NAME	
STREET ADDRESS	N-1, TORTOLA ST., URB. TIERRA ALTA II	2.3 STREET ADDRESS	N/A
CITY-ST-ZIP	GUAYNABO, PR 00969	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATHAN, CLARA ZARAGOZA	3.2 NAME	
STREET ADDRESS	#903, MARBELLA COND., ISLA VERDE RD.	3.3 STREET ADDRESS	N/A
CITY-ST-ZIP	CAROLINA, PR 00979	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A	4.2 NAME	
STREET ADDRESS	N/A	4.3 STREET ADDRESS	N/A
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A	5.2 NAME	
STREET ADDRESS	N/A	5.3 STREET ADDRESS	N/A
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A	6.2 NAME	
STREET ADDRESS	N/A	6.3 STREET ADDRESS	N/A
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 607, 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** 3/27/99 Date Daytime Phone #

11/1/99