

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

FILED

Feb 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G90615** (7)

1. Corporation Name
PARK PLAZA ENTERPRISES, INC.

Principal Place of Business
**15225 N.W. 77 AVENUE, SUITE 205
MIAMI LAKES FL 33014**

Mailing Address
**15225 N.W. 77 AVENUE, SUITE 205
MIAMI LAKES FL 33014-6866**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/04/1984		3a. Date of Last Report 04/23/1996	
21 Suite, Apt. #, etc		26 P.O. BOX 141026		4. FEI Number 59-2376107		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 CORAL GABLES, FL.		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 33114-1026		30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NICHOLS, WENDELL I. 15225 N.W. 77 AVENUE, SUITE 205 MIAMI LAKES FL 33014				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 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	MARTINEZ DE VILLA, G.			1.2 NAME			
STREET ADDRESS	11 ISLAND AVE. APT. 410			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			1.4 CITY-ST-ZIP			
TITLE	VPS	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	MARTINEZ DE VILLA, S.			2.2 NAME			
STREET ADDRESS	11 ISLAND AVE APT 410			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BACH FL			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		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 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.

SIGNATURE: *Shirley Martinez de Villa* **Shirley Martinez de Villa** 2-17-97 305-531-9471

CR2E034 (9/96)