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

CORPORATION ANNUAL REPORT

1998



G90615

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

PARK PLAZA ENTERPRISES, INC.

Mailing Address

## **FILED** Jan 26 1998 8:00am Secretary of State



Principal Place of Business 15225 N.W. 77 AVENUE, SUITE 205 PO BOX 141026 MIAMI LAKES FL 33014 CORAL GABLES FL 33114 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/04/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2376107 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NICHOLS, WENDELL I. 81 Name 15225 N.W. 77 AVENUE, SUITE 205 Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES FL 33014 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE \_\_ Change Addition MARTINEZ DE VILLA, G. NAME 1.2 NAME CR2E034 11 ISLAND AVE. APT. 410 STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL CITY - ST - ZIP 1.4 CiTY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition MARTINEZ DE VILLA, S. NAME 2.2 NAME STREET ADDRESS 11 ISLAND AVE APT 410 2.3 STREET ADDRESS MIAMI BACH FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP Assistant Vice-President Change TITLE DELETE 3.1 TITLE NAME 3.2 NAME Martinez de Villa, Maria T. STREET ADDRESS 3.3 STREET ADDRESS 8185 N.W. 7th Street Apt 201 CITY - ST - ZIP 3.4. CITY-ST-ZIP Miami, FL. 33126 TITLE DELETE Change 4.1 TITLE \_\_\_ 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 DELETE 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 hereby certify that the information supplied with this filling 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 correction 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 attachproft with an address.

<u>Jan 16 1998</u>

305-531-9471