

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**95 MAY -1 AM 11: 18**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**700001484087  
-05/11/95--01050--002  
\*\*\*5417.50 \*\*\*200.00**

DO NOT WRITE IN THIS SPACE

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M35623 (1)**

1. Corporation Name  
**PLAZA SOUTHEASTERN, INC.**

Principal Place of Business      Mailing Address  
**11088 BISCAYNE BLVD., SUITE #402  
N. MIAMI FL 33161-7489**      **11088 BISCAYNE BLVD., SUITE #402  
N. MIAMI FL 33161-7489**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		<b>07/23/1986</b>	<b>05/01/1994</b>
22		27		4. FEI Number	Applied For
23		28		<b>65-0044763</b>	Not Applicable
24		25		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
29		30		6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
29		30		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				10. Name and Address of New Registered Agent	
<b>BEDZOW, MICHAEL 20803 BISCAYNE BLVD SUITE 200 AVENTURA FL 33180</b>				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				B5	Zip Code
				<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and the # applicable      NOTE: Registered Agent signature required when re-registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDZOW, CHARLES	1 2 NAME	
STREET ADDRESS	11088 BISCAYNE BLVD #402	1 3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI FL	1 4 CITY - ST - ZIP	
TITLE	VSD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDZOW, SARA	2 2 NAME	
STREET ADDRESS	11088 BISCAYNE BLVD #402	2 3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI FL	2 4 CITY - ST - ZIP	
TITLE	VD	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, HOWARD	3 2 NAME	
STREET ADDRESS	11088 BISCAYNE BLVD #402	3 3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI FL	3 4 CITY - ST - ZIP	
TITLE	ASD	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, HOWARD	4 2 NAME	
STREET ADDRESS	11088 BISCAYNE BLVD #402	4 3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI FL	4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:       4/12/95      891-2587  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Initials)