

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

FILED

**Apr 21 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M35623 (1)
1. Corporation Name
PLAZA SOUTHEASTERN, INC.



Principal Place of Business 11098 BISCAYNE BLVD., SUITE #402 N. MIAMI FL 33161-7489	Mailing Address 11098 BISCAYNE BLVD., SUITE #402 N. MIAMI FL 33161-7489
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/23/1986	
21	22	26	27	4. FEI Number 65-0044763	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BEDZOW, MICHAEL 20803 BISCAYNE BLVD SUITE 200 AVENTURA FL 33180				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEDZOW, CHARLES	1.2 NAME	
STREET ADDRESS	11098 BISCAYNE BLVD #402	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	1.4 CITY-ST-ZIP	33161
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEDZOW, SARA	2.2 NAME	
STREET ADDRESS	11098 BISCAYNE BLVD #402	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	2.4 CITY-ST-ZIP	33161
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAPIRO, HOWARD	3.2 NAME	VAS BLANCO, CAMILO
STREET ADDRESS	11098 BISCAYNE BLVD #402	3.3 STREET ADDRESS	11098 Biscayne Blvd #402
CITY-ST-ZIP	N. MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33161
TITLE	ASD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, HOWARD	4.2 NAME	
STREET ADDRESS	11098 BISCAYNE BLVD #402	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: **3/26/98** (305) 891-7987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0225928

CR2E034 (10/97)