

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

FILED

**May 06 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 # P95000093992 (2)

1. Corporation Name
CAR PLAZA, INC.



Principal Place of Business 8360 W. OAKLAND PARK BLVD. #201 SUNRISE FL 33351	Mailing Address 8360 W. OAKLAND PARK BLVD. #201 SUNRISE FL 33351-7336
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/08/1995	3a. Date of Last Report 02/15/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0624302	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30

9. Name and Address of Current Registered Agent ARIE MREJEN, P.A. 8360 W. OAKLAND PARK BLVD. #307 SUNRISE FL 33351		10. Name and Address of New Registered Agent	
81 Name	ARIE MREJEN, P.A.		
82 Street Address (P.O. Box Number is Not Acceptable)	701 W. CYPRESS CREEK ROAD		
83	SUITE 307		
84 City	FORT LAUDERDALE FL	85 Zip Code	33309

11. Pursuant to the provisions of Sections 607.050 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]* **ARIE MREJEN, ESQ., P.A.** DATE: **4/28/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR - PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KADOCH, DAVID	1.2 NAME	
STREET ADDRESS	8360 W. OAKLAND PARK BLVD. #201	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR - TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOUR, ISRAEL	2.2 NAME	
STREET ADDRESS	12700 BISCAYNE BLVD SUITE 202	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR - SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DJERASSI, GIDEON	3.2 NAME	
STREET ADDRESS	9800 SW 4TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
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		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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *[Signature]* **GIDEON DJERASSI** DATE: **4/29/97**

CR2E034 (9/96)