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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Mar 17 1997 8:00am Secretary of State

| | 1997 | DIVIDIC | IN OF CORPORAT | IONS | | | | |
|--|--|--|---|--|---|----------------------------|------------------------|------------------------|
| DOCU 1. Corporation | MENT # V660 |)32 (6) | } | | | | | |
| •• | NO PLAZA, INC. | ` ' | | | | | | |
| | | | | | | EN ELEKT SALAN BERAK S | | |
| Principal Plac | ce of Business | Mailing Address | | | | Ki didik didik didik d | | |
| | 2121 PONCE DE LEON BLVD 2121 PONCE DE LE | | EON BLVD | | | | | |
| PENTHOUSE CORAL GABLE | II E\$ FL 331 34 | Penthouse II Coral Gables Fi | L 33134-5224 | | · [| | | |
| US | | US | | | 3. Date Incorporated or Qualified 09/23/1992 | 3a. Date o 03/22/ | | port |
| · | Place of Business | 2a, Mailing Addre | SS | | 4. FEI Number 65-0358233 | | | plied For |
| Suite, Apt | Suite, Apt. #, etc | | Suite, Apt. #, etc. | | | \$ | <u> </u> | Applicable |
| 22 | | 27 | | | 5. Certificate of Status Desired | | Fee Red | ` |
| City & Sta | ıle. | City & State | | | Election Campaign Financing Trust Fund Contribution | | 5.00 t Added to | |
| Zip | Country | Zip | Count | гу | This corporation has liability for | | | |
| 24 | 25 | 29 | 30 | | Florida Statutes | Yes N | 0 | |
| | | Current Registered Agent | | 1 Name | 10. Name and Address of New R | legistered Agei | <u>nt</u> | |
| | IGGIO, LLOYD J 21 PONCE DE LEON BLVD | | [| | | | | |
| PENTHOUSE II | | | | 2 Street Add | dress (P.O. Box Number is Not Accepta | able) | | |
| | RAL GABLES FL 33134 | | 8 | 3 | ······································ | | | |
| | | | 6 | 4 City | | 8! | Zip C | ode |
| AA Days and | 10.11. | 207 0E02 and 607 4600 Final | 0: | 1 | | トレー | 1 | |
| office or | registered agent, or both, in the | ie State of Florida, Such chang is state of Florida, Such chang | a Statutes, the abc e was authorized EOE Florido Statut | by the corpora | rporation submits this statement for the ation's board of directors. I hereby acception | purpose of cha appointr | nging its nent as r | egistered egistered |
| SIGNATURE | ani raqinar wan, and accept the | e congations of, section 607.0 | 303, FIORIDA STATUI | . | | | | |
| | Signicure typed or printed name of regis | | | gent signature req | uired when reinstating) | DATE | | |
| 12. Title | OFFICE. | RS AND DIRECTORS | 13. ETE 1,1 TOTAL | · 7 | ADDITIONS/CHANGES TO OFF | | RECTORS Change | S IN 12 Addition |
| NAME | MARCUS, STEWART | | 1.2 NAM | 1 | | ب | Diango. | L House |
| STREET ADDRESS | 2121 PONCE DE LEON BLVD PH2 | | 1.3 STRE | ET ADDRESS | | | | |
| CHY-S1-7IP | CORAL GABLES FL | | | -ST-ZIP | | | <u>.</u> | - |
| TITLE | BOGGIO, LLOYD | [] DEL | | - 1 | | L | Change | Addition |
| NAME STREET ADDRESS | AAAA BALIAR BE LEALL | BLVD PH2 | 2.2 NAM 2.3 STB6 | ET ADDRESS | | | | |
| CHY-ST-7P | CORAL GABLES FL | | • | r-ST-ZIP | | | | |
| TITLE | | DEL. | | · } | | | Change | Addition |
| NAME | | | 3.2 NAM | · | | | | |
| STREET ADDRESS CITY-ST- ZIP | 1 | | 1 | ET ADDRESS (+ST-ZIP | | | | |
| P11 O1 ZII | | | | | i contract of the contract of | | | Addition |
| THILE | | ☐ DEL | | | | | Change | |
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| NAME | | □ DEL | ETE 4.1 YITLI 4 2 NAA 4.3 STRE 4.4 City | ME ME EET ADDRESS -ST-ZIP | | | Change Change | Addition |
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| NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP | | DEL | ETE 4.1 YITLI 4.2 NAM 4.3 STRE 4.4 CITY ETE 5.1 TITLI 5.2 NAM 5.3 STRE 5.4 CITY | AE AE EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP | | | Change | Addition |
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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 of 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 corboration 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. Changed, or fan an adactment with an address.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Daytime Prione #

Date

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