


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

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**95 APR 17 AM 11:22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # K39444 (0)**

1. Corporation Name  
**CENTURY PLAZA HOLDINGS OF FLORIDA, INC.**

Principal Place of Business <b>ONE SOUTHEAST THIRD AVENUE SUITE 1400 MIAMI FL 33131</b>	Mailing Address <b>ONE SOUTHEAST THIRD AVENUE SUITE 1400 MIAMI FL 33131</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>10/14/1988</b>		3a. Date of Last Report <b>04/28/1994</b>	
4. FBI Number <b>65-0132130</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business <b>21</b>				2a. Mailing Address <b>26</b>				4. FBI Number <b>65-0132130</b>				Applied For Not Applicable			
Suite, Apt. #, etc. <b>22</b>				Suite, Apt. #, etc. <b>27</b>				5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
City & State <b>23</b>				City & State <b>28</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00</b> May Be Added to Fees			
Zip <b>24</b>		Country <b>25</b>		Zip <b>29</b>		Country <b>30</b>		8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent  
**COPROLITE CORPORATION  
ONE SOUTHEAST THIRD AVENUE  
1400 AMERIFIRST BLDG SUITE 1400  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
**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	<b>DPT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORDRAY, SUE</b>	1.2 NAME	<b>DELETE</b>
STREET ADDRESS	<b>1 S.E. 3RD AVE. #1400</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DYS</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, CARLA</b>	2.2 NAME	<b>P/T/D</b>
STREET ADDRESS	<b>1 SE 3RD SVE #1400</b>	2.3 STREET ADDRESS	<b>CARLA JACKSON</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	<b>1 S.E. 3RD AVE., SUITE 1400</b>
TITLE	<b>DVA</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARD, ARION</b>	3.2 NAME	<b>V/S/D</b>
STREET ADDRESS	<b>1 SE 3RD AVE #1400</b>	3.3 STREET ADDRESS	<b>ARIONE RICHARD</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	3.4 CITY - ST - ZIP	<b>1 S.E. 3RD AVE., SUITE 1400</b>
TITLE		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		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)(k), 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, its 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:  **ARIONE RICHARD** **04/12/95** **8053779353**

SIGNATURE AND TYPE OF OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_