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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000007639 (4)

Mailing Address

GOLF PLAZA, INC.

Principal Place of Business

FILED
May 08 1998 8:00am
Secretary of State

|--|

15011 SW 43RD TER Briang FL 33185		15011 SW 43RD TER Miami Fl 33185		DO NOT WRITE IN THIS	S SPACE		
					3. Date Incorporated or Qualified) SFACE	
					01/30/1995		4 4 5
2. Principal I	Place of Business	2a. Mailing Address	_		4. FEI Number	_ 	oplied For
21		26		65-0555153		ot Applicable	
Suite, Apl	i. #, etc	Suite, Apt. #, etc.	<u>├</u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	ate	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζiρ	Country	Zip	Cour	itry	8. This corporation owes or has paid the c	urrent vear Int	tangible
24	25	29	30		Personal Property Tax due June 30.]Ño
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
		· · · · · · · · · · · · · · · · · · ·	1	Name			
	JBIN, CHARLES D		L				
MIAMI FL 33156				82 Street Address (P.O. Box Number is Not Acceptable)			
			l'	83			
				B4 City		B5 Zip	Code
			l'	JA City	F		
11. Pursuan	t to the provisions of Sections 607.	0502 and 607.1508, Florida Statute	s, the ab	ove-named cor	poration submits this statement for the purpose	of changing it	ts registered
office or	registered agent, or both, in the S	tate of Florida. Such change was a	uthorized	by the corpora	ation's board of directors. I hereby accept the ap	ppointment as	registered
. вуен. і	am ramillar with, and accept the or	oligations of, Section 607.0000, Flo	iilda State	iles.			
SIGNATURE	Signature typed or printed name of registered	A proof and blo d Applicable (NOTE	Donistared	Agent eignature regu	pired when reinstating) DATE		
12.		AND DIRECTORS	13.	Vigerii arginarcire rodo	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	3S IN 12
TITLE	O T ICT IS	DELETE	1.1 111	F [ADDITIONAL TO CIT TO CARE	Change	Addition
	OU MOEDDE OTTOUNO			-			
NAME	GIOCETTE OTTOGIS		1.2 NAJ				
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CITY-ST-ZIP				Y-ST-ZIP			FT 4 4 99
TITLE			21 111	.E		☐ Change	Addition
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CITY-ST-ZIP	MIAMI FŁ		2.4 CI	Y-ST-21P			ļ
TITLE			3.17(7)	LE .		☐ Change	Addition
NAME			3.2 NAI	ME			
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• /	'						
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CITY-ST-ZIP				Y-ST-ZIP		Change	Addition
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NAME			5.2 NA	ME			
STREET ADDRESS	: [5.3 ST	IEET ADDRESS			l
CITY-ST-ZIP	1		5.4 CIT	Y-ST-ZIP			
TITLE		DELETE	61111	LE		Change	☐ Addition
NAME			6.2 NA	ме			
STREET ADDRESS			6350	REET ADDRESS			l
				Y-S1-ZIP			
CITY-ST-ZIP			04011	1-01-21	0 11 110 00(0)(0) 51 11 01 11 11		 , , , , , , , , , , , , , , , , , , ,

14. Thereby 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.

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× 4-29-98

X(200) 8558696