

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J47204

1. Corporation Name  
MIA PLAZA, INC.

Principal Place of Business  
C/O BAROUH. PERERA & ASSOC.  
48 EAST FLAGLER STREET, SUITE 368  
MIAMI FL 33131

Mailing Address  
C/O BAROUH. PERERA & ASSOC.  
48 EAST FLAGLER STREET, SUITE 368  
MIAMI FL 33131

FILED  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90103 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1986

4. FEI Number

59-2756609

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 9260 S.W. 72ND. STREET

Suite, Apt. #, etc.

22 SUITE 206

City & State

23 MIAMI, FLORIDA

Zip Country

24 33173

25 U.S.A.

2a. Mailing Address

26 9260 S.W. 72ND. STREET

Suite, Apt. #, etc.

27 SUITE 206

City & State

28 MIAMI, FLORIDA

Zip Country

29 33173

30 U.S.A.

9. Name and Address of Current Registered Agent

SCHULTZ, STEVEN A.  
200 S BISCAYNE BLVD  
SUITE 2410  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite 2410

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD BEHRENS, ALFREDO A.  
APARTADO 62  
CARACAS, VENEZUELA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D BEHRENS, CAROLAS, H.  
APARTADO 62  
CARACAS, VENEZUELA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D SISO, CARLOS P.  
APARTADO 62  
CARACAS, VENEZUELA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D BEHRENS, ANDRES  
205 PALM AVE.  
MIAMI BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD SCHULTZ, STEVEN A.  
200 S BISCAYNE BLVD STE 2410  
MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/99 305-377-1572

CR2E034 (1/98)