

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 15, 1996 08:00 AM
Secretary of State

DOCUMENT # 336620 (0)

1. Corporation Name

COPLEY PLAZA INC

Principal Place of Business

3900 COLLINS AVE
MIAMI BEACH FL 33140

Mailing Address

3900 COLLINS AVE
MIAMI BEACH FL 33140



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/18/1968

3a. Date of Last Report

03/16/1995

4. FEI Number

59-1222185

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

SIMON, MICHAEL
5570 LAGORCE DR
MIAMI BEACH FL

81 Name

Michael Simon

82

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

5570 La Gorce Drive

83

MIAMI BEACH

84

City

FLA

FL

85

Zip Code

33140

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

Michael Simon

March 22-1996

Signature typed or printed name of registered agent and that applies.

Signature typed or printed name of registered agent and that applies.

(DATE)

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

VPD
SIMON, MICHAEL
5570 LAGORCE DRIVE
MIAMI BEACH FL

TITLE NAME ☐ DELETE

PD
SIMON, PIRHIA
5570 LAGORCE DRIVE
MIAMI BEACH FL

TITLE NAME ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

71 TITLE

72 NAME

73 STREET ADDRESS

74 CITY - ST - ZIP

500001780365

-04/15/96--01062--008

***200.00

☐ Change ☐ Addition

2/4/96

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 119.07(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 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:

Michael Simon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 30, 1996 305-538-1846

CR2E034 (12/95)