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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 26 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 336813

PLAZA DEL PRADO INC

NAME STREET ADDRESS

Principal Plac	oe of Business	Mailing Address			SALI AIRIT AIRIT BIRT BIRT (CO.
C/O R.L. SIE	:GEL	C/O R.L. SIEGEL			
17746 DEAU		17746 DEAUVILLE LANE		<u> </u>	
BOCA RATO	N FL 33496	BOCA RATON FL 33496 US		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified 10/23/1968	
	Place of Business	2a. Mailing Address		4. FEI Number ::	Applied For
21		26		59-1228592	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	0	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 9. Name and Address of Cui		90	Personal Property Tax due June 30.	X Yes No
011		Hellt Hegistereo Agent	81 Name	10. Name and Address of New Registere	a Agent
OLGER HODEN E.					
17746 DEAUVILLE LANE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
BC	OCA RATON FL 33496	.•	83		
			 		
!			84 City	-	85 Zip Code
11, Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes	the above-named corpo	oration submits this statement for the purpose	of changing its registered
office or agent. I a	registered agent, or both, in the St am fam iliar with, and accept the ob	tate of Florida. Such change was aut bligations of, Section 607,0505, Flori	thorized by the corporate da Statutes.	on's board of directors. I hereby accept the a	ippointment as registered
SIGNATURE	Signature typed or ported name of registered		Registered Agent signature require	d when reinstating) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SIEGEL, ROBERT L	—	1.2 NAME		•
STREET ADDRESS	17746 DEAUVILLE LA		1.3 STREET ADDRESS		
CİTY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SIEGEL, SAM C.	-	2.2 NAME		
STREET ADDRESS	P.O. BOX 192852 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA		2.4 City+St-ZiP		
TITLE		DELETE	2. 4 G111+51-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	 	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		La vicere	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		☐ Change ☐ Addition
		C Otter	B 1		T cuttings Modition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		Lad Octob	61 TITLE		☐ Change ☐ Addition
NAME	I		62 NAME		

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 changes, or on an attack here with an address. 1-561-994-

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP