

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 365749
 1. Corporation Name
TOWN PARK PLAZA SOUTH, INC.

Principal Place of Business 1798 NW 5TH AVE MIAMI, FL 33136	Mailing Address P.O. BOX 015607 MIAMI, FL 33101
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3. Date Incorporated or Qualified 06-16-1970	3a. Date of Last Report 04-29-1996
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

4. FEI Number 59-1325730	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MARY DARCELIN
 1835 NW 5TH PLACE
 MIAMI, FL 33136**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 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: *Mary Darcelin* 4/28/97
(NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE	NAME ACLUCHE, ELESTINE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S CLEAR, SONYA
STREET ADDRESS 1817 NW 5TH PLACE	CITY, ST, ZIP MIAMI, FL 33136	1.2 NAME	1.3 STREET ADDRESS 1764 NW 5TH AVE
TITLE <input type="checkbox"/> DELETE	NAME DARCELIN, MARY	1.4 CITY, ST, ZIP MIAMI, FL 33136	2.1 TITLE AS
STREET ADDRESS 1835 NW 5TH PLACE	CITY, ST, ZIP MIAMI, FL 33136	2.2 NAME WILLIAMS, ACONIA	2.3 STREET ADDRESS 1814 NW 5TH PLACE
TITLE <input checked="" type="checkbox"/> DELETE	NAME SNELLING, INNIS	2.4 CITY, ST, ZIP MIAMI, FL 33136	3.1 TITLE D
STREET ADDRESS 1815 NW 5TH PLACE	CITY, ST, ZIP MIAMI, FL 33136	3.2 NAME DEMPS, MAE	3.3 STREET ADDRESS 1846 NW 5TH PLACE
TITLE <input type="checkbox"/> DELETE	NAME CLEARE, MARIE	3.4 CITY, ST, ZIP MIAMI, FL 33136	4.1 TITLE AT
STREET ADDRESS 1732 NW 5TH AVE	CITY, ST, ZIP MIAMI, FL 33136	4.2 NAME RACHEL, SHARON	4.3 STREET ADDRESS 1808 NW 5TH PLACE
TITLE <input type="checkbox"/> DELETE	NAME MCDONALD, HARRIET	4.4 CITY, ST, ZIP MIAMI, FL 33136	5.1 TITLE
STREET ADDRESS 1730 NW 5TH AVE	CITY, ST, ZIP MIAMI, FL 33136	5.2 NAME	5.2 NAME
TITLE <input type="checkbox"/> DELETE	NAME WIMS, MARIE	5.3 STREET ADDRESS	5.3 STREET ADDRESS
STREET ADDRESS 1780 NW 5TH AVE #M	CITY, ST, ZIP MIAMI, FL 33136	5.4 CITY, ST, ZIP	5.4 CITY, ST, ZIP
		6.1 TITLE	6.1 TITLE
		6.2 NAME	6.2 NAME
		6.3 STREET ADDRESS	6.3 STREET ADDRESS
		6.4 CITY, ST, ZIP	6.4 CITY, ST, ZIP

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14. I do 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.

SIGNATURE: *MARY DARCELIN* 4/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 4/28/97 (305) 576-2167
Daytime Phone #

CR2E034 (9/96)