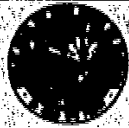


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Barbara B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # 714823 (2)

1. Corporation Name
ANDOR PLAZA ASSOCIATION, INC.

95 APR 19 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1880 SOUTH GLADES DRIVE
NORTH MIAMI BEACH FL 33162**

Mailing Address
**1880 SOUTH GLADES DRIVE
NORTH MIAMI BEACH FL 33162**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25

3. Date Incorporated or Qualified
06/24/1968

3a. Date of Last Report
05/23/1994

4. FEI Number
59-1303146

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

7. Nonprofit with IRS 601(c)(3) Tax Exempt Status
 \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOLOMON, MAX
18850 S. GLADES DR.
N. MIAMI BEACH FL 33162**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
P

NAME
LASZLO, KOLCHIER

STREET ADDRESS
18850 SO. GLADES DR

CITY-ST-ZIP
N MIAMI BCH, FL 33000

TITLE
VD

NAME
CANTER, JULES

STREET ADDRESS
18850 SO. GLADES DR.

CITY-ST-ZIP
N. MIAMI BCH FL

TITLE
VD

NAME
BERGER, HILDE

STREET ADDRESS
18820 SO GLADES DR.

CITY-ST-ZIP
N MIAMI BCH, FL 00000

TITLE
T

NAME
SOLOMON, MAX

STREET ADDRESS
18850 SO GLADES DR.

CITY-ST-ZIP
N. MIAMI BCH FL

TITLE
VD

NAME
SACHS, NADDIE

STREET ADDRESS
18850 SO GLADES DR

CITY-ST-ZIP
N MIAMI BCH FL

TITLE
S

NAME
JAFFE, ELEDNOR

STREET ADDRESS
18850 SO GLADES DR

CITY-ST-ZIP
N MIAMI BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
President Change Addition

1.2 NAME
Canter Jules

1.3 STREET ADDRESS
16850 So. Glades Dr.

1.4 CITY-ST-ZIP
N. miami Bch, FL

2.1 TITLE
Vice President Change Addition

2.2 NAME
Kolchier, Laszlo

2.3 STREET ADDRESS
16850 So. Glades Dr.

2.4 CITY-ST-ZIP
N. miami Bch, FL

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jules Canter *Jules Canter*

4/09/95 (305) 940-8685