

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 714823 (2)
1. Corporation Name

ANDOR PLAZA ASSOCIATION, INC.

600001756856
-03/26/96--01031--029
***61.25



Principal Place of Business: 16850 SOUTH GLADES DRIVE NORTH MIAMI BEACH FL 33162
Mailing Address: 16850 SOUTH GLADES DRIVE NORTH MIAMI BEACH FL 33162

| | | | | | | | |
|---|--|---------------------|--|--|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 | | 06/24/1968 | | 04/19/1995 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 22 | | 27 | | 59-1303146 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| 23 | | 28 | | <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Zip | | Country | | Zip | | Country | |
| 24 | | 25 | | 29 | | 30 | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |

SOLOMON, MAX
16850 S. GLADES DR.
N. MIAMI BEACH FL 33162

Delete

81 Name: Manuel Karpenkopf
82 Street Address (P.O. Box Number is Not Acceptable): 16850 So. Glades Drive
83 City: N. Miami Beach
84 City: N. Miami Beach FL 85 Zip Code: 33162

11. Pursuant to the provisions of Sections 617.0509 and 617.0508, 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 617.0503, Florida Statutes.
SIGNATURE: *Manuel Karpenkopf* DATE: 2/13/96

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | P <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | KARPEKOPF Manuel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CANTER, JULES | 1.2 NAME | 16850 So. Glades Drive |
| STREET ADDRESS | 16850 SOUTH GLADES DRIVE | 1.3 STREET ADDRESS | No. Miami, FL President |
| CITY-ST-ZIP | N MIAMI BCH, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 2.1 TITLE | CHANG ROLAND <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KOLCHIER, LASZLO | 2.2 NAME | 16850 SO GLADES DR |
| STREET ADDRESS | 16850 SOUTH GLADES DRIVE | 2.3 STREET ADDRESS | N. MIAMI B. FLA. DIRECTOR |
| CITY-ST-ZIP | N. MIAMI BCH FL | 2.4 CITY-ST-ZIP | |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | Berger Hilde <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERGER, HILDE | 3.2 NAME | 16850 So. Glades Drive |
| STREET ADDRESS | 16820 SO GLADES DR. | 3.3 STREET ADDRESS | N. Miami Beh, FL Treasurer |
| CITY-ST-ZIP | N MIAMI BCH, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | Beringuer, Carlos <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SOLOMON, MAX | 4.2 NAME | 16850 So. Glades Drive |
| STREET ADDRESS | 16850 SO GLADES DR. | 4.3 STREET ADDRESS | N. Miami Beh, FL Secretary |
| CITY-ST-ZIP | N. MIAMI BCH FL | 4.4 CITY-ST-ZIP | |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | Rosario, Pedro <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SACHS, NADDIE | 5.2 NAME | 16850 So. Glades Dr. |
| STREET ADDRESS | 16850 SO GLADES DR | 5.3 STREET ADDRESS | N. Miami Beh, FL V. Director |
| CITY-ST-ZIP | N MIAMI BCH FL | 5.4 CITY-ST-ZIP | |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | Santelices, Bertha <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JAFFE, ELEDNOR | 6.2 NAME | 16850 So. Glades Dr. |
| STREET ADDRESS | 16850 SO GLADES DR | 6.3 STREET ADDRESS | N. Miami Beh, FL V. Director |
| CITY-ST-ZIP | N MIAMI BCH FL | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *Hilde Berger Treasurer* DATE: 2/06/96 DAYTIME PHONE #

CR2E037 (12/95)