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Jul 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 714823 (2)
1. Corporation Name
ANDOR PLAZA ASSOCIATION, INC.



Principal Place of Business Mailing Address
16850 SOUTH GLADES DRIVE NORTH MIAMI BEACH FL 33162
16850 SOUTH GLADES DRIVE NORTH MIAMI BEACH FL 33162-2924

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/24/1968	3a. Date of Last Report 03/25/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1303146	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	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
KARPENKOPF, MANUEL
16850 S. GLADES DR.
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent
81. Name: Pedro Rosario
82. Street Address (P.O. Box Number is Not Acceptable): 16850 So. Glades Drive 5J
83. City: No. Miami, FL 33162
84. City: FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.050 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE: [Signature] DATE: 5/07/97

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input checked="" type="checkbox"/>
NAME	KARPENKOPF, MANUEL	
STREET ADDRESS	16850 SO GLADES DRIVE	
CITY-ST-ZIP	NO MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	KOLCHIER, LASZLO	
STREET ADDRESS	16850 SOUTH GLADES DRIVE	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	T	<input type="checkbox"/>
NAME	HILDE, BERGER	
STREET ADDRESS	16850 SO GLADES DRIVE	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	S	<input type="checkbox"/>
NAME	BRINGUIER, CARLOS	
STREET ADDRESS	16850 SO GLADES DRIVE	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	ROSARIO, PEDRO	
STREET ADDRESS	16850 SO GLADES DRIVE	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	SANTELICES, BERTHA	
STREET ADDRESS	16850 SO GLADES DR	
CITY-ST-ZIP	N. MIAMI BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D Pres	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Pedro Rosario		
1.3 STREET ADDRESS	16850 So. Glades Drive		
1.4 CITY-ST-ZIP	No. Miami, FL		
2.1 TITLE	D VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Bertha Santelices		
2.3 STREET ADDRESS	16850 So. Glades Drive		
2.4 CITY-ST-ZIP	No. Miami, FL		
3.1 TITLE	D TRUSTEE	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	HILDE BERGER		
3.3 STREET ADDRESS	16850 S. GLADES DR.		
3.4 CITY-ST-ZIP	N. MIAMI BEACH, FL.		
4.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	ELEANOR JAFFE		
4.3 STREET ADDRESS	16850 S. GLADES DR.		
4.4 CITY-ST-ZIP	N. MIAMI BEACH, FL.		
5.1 TITLE	D SECRETARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	CARLOS J. BRINGUIER		
5.3 STREET ADDRESS	16850 S. GLADES DR.		
5.4 CITY-ST-ZIP	N. MIAMI BEACH, FL.		
6.1 TITLE	D VICE PRESIDENT	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	BERTHA SANTELICES		
6.3 STREET ADDRESS	16850 S. GLADES DR.		
6.4 CITY-ST-ZIP	N. MIAMI BEACH, FL.		

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

CR2E037 (9/96)