

FILE NOW: FILING FEE IS \$61.25

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Jun 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **714823** (2)  
1. Corporation Name  
**ANDOR PLAZA ASSOCIATION, INC.**



Principal Place of Business <b>16850 SOUTH GLADES DRIVE NORTH MIAMI BEACH FL 33162</b>	Mailing Address <b>16850 SOUTH GLADES DRIVE NORTH MIAMI BEACH FL 33162</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>06/24/1968</b>	4. FEI Number <b>59-1303146</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**ROSARIO, PEDRO  
16850 SO GLADES DRIVE  
N MIAMI FL 33162**

10. Name and Address of New Registered Agent	
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 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]* **Vice President** DATE: **4/14/98**

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	KARPENKOPF, MANUEL
STREET ADDRESS	16850 SO GLADES DRIVE
CITY-ST-ZIP	NO MIAMI FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	SANTELCES, BERTHA
STREET ADDRESS	16850 S GLADES DRIVE
CITY-ST-ZIP	N MIAMI FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	HILDE, BERGER
STREET ADDRESS	16850 SO GLADES DRIVE
CITY-ST-ZIP	N. MIAMI BCH FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	BRINGUIER, CARLOS
STREET ADDRESS	16850 SO GLADES DRIVE
CITY-ST-ZIP	N. MIAMI BCH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JAFFE, ELEANOR
STREET ADDRESS	16850 S GLADES DR
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	SANTELCES, BERTHA
STREET ADDRESS	16850 S GLADES DR
CITY-ST-ZIP	N MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Cook, Freddie
1.3 STREET ADDRESS	16850 So. Glades Drive
1.4 CITY-ST-ZIP	No. Miami, FL "President"
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	"Sec. Dir." Jaffe, Eleanor
2.3 STREET ADDRESS	16850 S. Glades Drive
2.4 CITY-ST-ZIP	No. Miami, FL "Sec. Dir."
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	"VPD" Rosario, Pedro
3.3 STREET ADDRESS	16850 So. Glades Drive
3.4 CITY-ST-ZIP	No. Miami, FL VPD
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: *[Signature]* **Vice President** DATE: **4/14/98**

CR2E037 (10/97)