
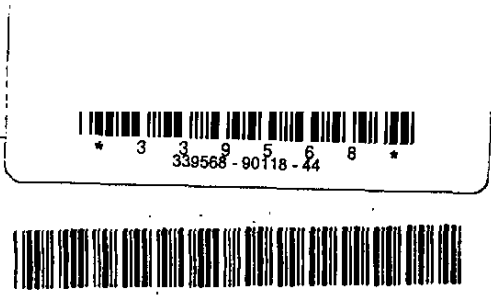


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Mar 02, 1999 8:00 am
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 714823 1. Corporation Name ANDOR PLAZA ASSOCIATION, INC.		
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 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/24/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1303146
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 EUGENIA COOK 82 Street Address (P.O. Box Number is Not Acceptable) 16850 South Glades Drive Apt. 7-B 83 84 City North Miami Beach FL FL 85 Zip Code 33162
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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 *Eugenia Cook* DATE **1/18/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, FREDDIE	1.2 NAME	Eugenia Cook
STREET ADDRESS	16850 S. GLADES DRIVE	1.3 STREET ADDRESS	16850 S. Glades Drive Apt. 7-B
CITY-ST-ZIP	NORTH MIAMI FL	1.4 CITY-ST-ZIP	N. MIAMI FL 33162
TITLE	VPD DELETE	2.1 TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTELCES, BERTHA	2.2 NAME	CARMEN SERRANO
STREET ADDRESS	16850 S GLADES DRIVE	2.3 STREET ADDRESS	16850 S. Glades Drive Apt. 3K
CITY-ST-ZIP	N MIAMI FL	2.4 CITY-ST-ZIP	N. MIAMI FL 33162
TITLE	DT DELETE	3.1 TITLE	T-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILDE, BERGER	3.2 NAME	Digna LAZO
STREET ADDRESS	16850 SO GLADES DRIVE	3.3 STREET ADDRESS	16850 S. Glades Drive Apt. 2 F
CITY-ST-ZIP	N. MIAMI BCH FL	3.4 CITY-ST-ZIP	N. MIAMI FL 33162
TITLE	VPD DELETE	4.1 TITLE	S-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSARIO, PEDRO	4.2 NAME	Sybil Crapps
STREET ADDRESS	16850 S. GLADES DRIVE	4.3 STREET ADDRESS	16850 S. Glades Drive Apt.
CITY-ST-ZIP	NORTH MIAMI FL	4.4 CITY-ST-ZIP	N. MIAMI FL 33162
TITLE	SD DELETE	5.1 TITLE	
NAME	JAFFE, ELEANOR	5.2 NAME	
STREET ADDRESS	16850 S GLADES DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *Eugenia Cook* DATE **1/18/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)