

FILE NOV. FILING FEE \$5.00  
**AMENDED**  
 FILE MAY. FEE \$5.00

APPROVED  
 AND  
 FILED

98 AUG 25 AM 10:20  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



PROFIT CORPORATION  
 ANNUAL REPORT  
 1998  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 744090 (2)  
 1. Corporation Name  
**EUCLID PLAZA ASSOCIATION, INC., A CONDOMINIUM**

Principal Place of Business Mailing Address  
**618 EUCLID AVE.  
 MIAMI BEACH, FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/29/1978**

|    |                                 |    |                     |
|----|---------------------------------|----|---------------------|
| 21 | 2a. Principal Place of Business | 26 | 2a. Mailing Address |
| 22 | Suite, Apt. #, etc.             | 27 | Suite, Apt. #, etc. |
| 23 | City & State                    | 28 | City & State        |
| 24 | Zip                             | 29 | Zip                 |
| 25 | Country                         | 30 | Country             |

|  |  |
|--|--|
| 4. FEI Number  | Applied For  |
| <b>59-1991594</b>  | Not Applicable   |
| 5. Certificate of Status Desired   | \$8.75 Additional Fee Required                           |
| <input checked="" type="checkbox"/>  |  |
| 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be Added to Fees                              |
| <input type="checkbox"/>   |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent  
**RIOS, ANA  
 3560 N 37TH STREET  
 HOLLIWOOD, FL 33021**

10. Name and Address of New Registered Agent  

|   |                            |
|---|----------------------------|
| 81 Name   | <b>ABASCAL, BEATRIZ M.</b> |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>618 EUCLID AVE.</b>     |
| 83  | <b>SUITE 403</b>           |
| 84 City   | <b>MIAMI BEACH</b>         |
| 85 State  | <b>FL</b>                  |
| 86 Zip  | <b>33139</b>               |

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 authorized and accept the obligations of Section 607.0505, Florida Statutes.  
 SIGNATURE: *Beatriz M. Abascal* DATE: **8/20/98**

12. OFFICERS AND DIRECTORS

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | PD                           | <input type="checkbox"/> DELETE            |
| NAME           | <b>ABASCAL, BEATRIZ M.</b>   |  |
| STREET ADDRESS | <b>618 EUCLID AVE. # 403</b> |  |
| CITY-STATE-ZIP | <b>MIAMI BEACH, FL 33139</b> |  |
| TITLE          | STD                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>CORO, LESLIE</b>          |  |
| STREET ADDRESS | <b>618 EUCLID AVE. # 201</b> |  |
| CITY-STATE-ZIP | <b>MIAMI BEACH, FL 33139</b> |  |
| TITLE          | VD                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>RIOS, ANA</b>             |  |
| STREET ADDRESS | <b>3560 N. 37TH STREET</b>   |  |
| CITY-STATE-ZIP | <b>HOLLIWOOD, FL</b>         |  |
| TITLE          |                              | <input type="checkbox"/> DELETE            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-STATE-ZIP |                              |  |
| TITLE          |                              | <input type="checkbox"/> DELETE            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-STATE-ZIP |                              |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-STATE-ZIP |  |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>STD VERITE, JORDI FERRANDO</b>  |
| 2.3 STREET ADDRESS | <b>618 EUCLID AVE. # 403</b>   |
| 2.4 CITY-STATE-ZIP | <b>MIAMI BEACH, FL 33139</b>   |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>VD CORO, CARIDAD</b>  |
| 3.3 STREET ADDRESS | <b>618 EUCLID AVE. # 403</b>   |
| 3.4 CITY-STATE-ZIP | <b>MIAMI BEACH, FL 33139</b>   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS | <b>500002623085--9</b>   |
| 4.4 CITY-STATE-ZIP | <b>-08/24/98--01070--006</b>   |
| 5.1 TITLE          |  |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS | <b>*****70.00 *****70.00</b>   |
| 5.4 CITY-STATE-ZIP |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-STATE-ZIP |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jordi F. Verite* DATE: **8/20/98** 305-579-0020  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/97)