ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

DOCUMENT # 745160 (2)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

PLAZA OF THE AMERICAS PART I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17001 NORTH BAY ROAD NORTH MIAMI BEACH FL 33160	17001 NORTH BAY ROAD NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1978
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2071184 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 16909 N. Bay Road	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 N.Miami Beach, Fl.	City & State 28
Zip / Country 24 33160 25 DADE	Zip / Country 29 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KALLICNE, ANTHONY A. (ESQ)
BECKER, POLIAKOFF & STREIFFELD, P.A.
6161 BLUE LAGOON DR., SUITE #250
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	SIMONOFF, MARTIN	1.2 NAME	Same	
STREET ADDRESS	8564 NW 165TH TERRACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	T	☐ Change ☐ Addition
NAME	SANCHEZ, SARA	2.2 NAME	Same	
STREET ADDRESS	16909 NORTH BAY ROAD#221	2.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	D	☐ Change ☐ Addition
NAME	SHIDLOWSKY, DOLORES	3.2 NAME	Same	
STREET ADDRESS	18400 W. DIXIE HIGHWAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BCH FL	3.4 CITY-ST-ZIP		
TITLE	SP	4.1 TITLE	S	☒ Change ☐ Addition
NAME	SHIDLOWSKY, HOWARD	4.2 NAME	Claude Bourbonniere	
STREET ADDRESS	18400 W DIXIE HWY	4.3 STREET ADDRESS	16909 N. Bay Road, #407	
CITY-ST-ZIP	N MIAMI BCH FL	4.4 CITY-ST-ZIP	N. Miami Beach, Fl. 33160	
TITLE	DVP	5.1 TITLE	DVP	☒ Change ☐ Addition
NAME	BERNSTEIN, H. SCOTT	5.2 NAME	Kathleen Kennedy	
STREET ADDRESS	16909 N. BAY RD, 607	5.3 STREET ADDRESS	16909 N. Bay Road, #908	
CITY-ST-ZIP	N. MIAMI BEACH FL	5.4 CITY-ST-ZIP	N. Miami Beach, Fl 33160	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Robert Shidlowsky 4/4/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

604113