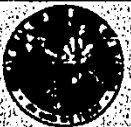


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**95 APR 17 PM 1:56**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<b>CORPORATION ANNUAL REPORT 1995</b>	 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F43599**

**(2)**

1. Corporation Name

**PLAZA 1300, INC.**

<b>Principal Place of Business</b> <b>1314 CAPE CORAL PKWY #101 CAPE CORAL FL 33904 US</b>	<b>Mailing Address</b> <b>1314 CAPE CORAL PKWY #101 CAPE CORAL FL 33904 US</b>
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DO NOT WRITE IN THIS SPACE.

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>09/08/1981</b>	<b>3a. Date of Last Report</b> <b>08/09/1994</b>
<b>21</b>		<b>26</b>		<b>4. FEI Number</b> <b>59-2136520</b>	<b>Applied For</b> <b>Not Applicable</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>22</b>		<b>27</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		<b>Trust Fund Contribution</b> <input type="checkbox"/>	
<b>23</b>		<b>28</b>		<b>8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
Zip	Country	Zip	Country		
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>		

<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
<b>ZAK, RAMIRO 1314 CAPE CORAL PARKWAY CAPE CORAL FL</b>		<b>81 Name</b>	
		<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>	
		<b>83</b>	
		<b>84 City</b>	
		<b>FL</b>	
		<b>85 Zip Code</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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>VD</b>	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>ZAK, RAMIRO</b>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>1221 SE 43RD TERR</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>CAPE CORAL FL</b>	<b>1.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>SD</b>	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>ZAK, SARA</b>	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>1221 SE 43RD TERR</b>	<b>2.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>CAPE CORAL FL</b>	<b>2.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>3.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>3.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>4.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>6.4 CITY - ST - ZIP</b>	

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)(k), Florida Statutes. I further certify that the information indicated on this filing 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 in this report on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 8 1995**

**(813) 642-7766**

Date

Daytime Phone