

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000137 (7)

1. Corporation Name

MIAMI PARK PLAZA CORP.



Principal Place of Business	Mailing Address
11880 BIRD RD #201 MIAMI FL 33175 US	11880 BIRD RD #201 MIAMI FL 33175 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/08/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0629627	
24 Country		29 Country		Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
MUDD, JOHN 11880 BIRD RD #201 MIAMI FL 33175				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
10. Name and Address of New Registered Agent				6. Election Campaign Financing	
81 Name				<input type="checkbox"/> \$5.00 May Be Added to Fees	
82 Street Address (P.O. Box Number is Not Acceptable)				8. This corporation owes or has paid the current year Intangible	
83				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
84 City				85 Zip Code	
FL				85	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, M L	12 NAME	
STREET ADDRESS	11880 BIRD RD #201	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	PD
NAME	MUDD, JOHN	22 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11880 BIRD RD #201	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	VPD
NAME		32 NAME	Paul Schaefer
STREET ADDRESS		33 STREET ADDRESS	11880 Bird Road, #405
CITY-ST-ZIP		34 CITY-ST-ZIP	Miami, FL 33175
TITLE		41 TITLE	STD
NAME		42 NAME	A. B. Wiener
STREET ADDRESS		43 STREET ADDRESS	11880 Bird Road, #405
CITY-ST-ZIP		44 CITY-ST-ZIP	Miami, FL 33175
TITLE		51 TITLE	AS
NAME		52 NAME	Elda Miranda
STREET ADDRESS		53 STREET ADDRESS	11880 Bird Road, #405
CITY-ST-ZIP		54 CITY-ST-ZIP	Miami, FL 33175
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John Mudd

4/6/98

(305) 221-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0243353

CR2E034 (10/97)