

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90012 012 ***158.75

0251606

DOCUMENT # **F96000000137**

1. Corporation Name

MIAMI PARK PLAZA CORP.

Principal Place of Business

**AMERICAN MEDICAL PLAZA
11880 S.W. 40TH STREET, SUITE #405
MIAMI FL 33175
US**

Mailing Address

**AMERICAN MEDICAL PLAZA
11880 S.W. 40TH STREET, SUITE #405
MIAMI FL 33175
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1996

4. FEI Number

65-0629627

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MUDD, JOHN
11880 BIRD RD
#201
MIAMI FL 33175**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11880 S.W. 40th St., #405

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

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 VPD ☐ DELETE

NAME **SCHAEFER, PAUL**
STREET ADDRESS **11880 BIRD RD #201**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **11880 S.W. 40th St., #405**
1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE

NAME **MUDD, JOHN**
STREET ADDRESS **11880 BIRD RD #201**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **11880 S.W. 40th St., #405**
2.4 CITY-ST-ZIP

TITLE STD ☐ DELETE

NAME **WIENER, A B**
STREET ADDRESS **11880 BIRD RD 405**
CITY-ST-ZIP **MIAMI FL 33175**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **11880 S.W. 40th St., #405**
3.4 CITY-ST-ZIP

TITLE AS ☐ DELETE

NAME **MIRANDA, ELDA**
STREET ADDRESS **11880 BIRD RD 405**
CITY-ST-ZIP **MIAMI FL 33175**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **11880 S.W. 40th St., #405**
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 607, 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 John Mudd

4/7/99 (305) 221-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)