FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K29811** **(2)**

1. Corporation Name
PLAINVIEW FLORIDA II, INC.

Principal Place of Business	Mailing Address
701 BRICKELL AVENUE SUITE 1600 MIAMI FL 33131	701 BRICKELL AVENUE SUITE 1600 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1988
3a. Date of Last Report: 04/27/1994

4. FEI Number: 65-0100293 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 c/o Antonio F. Alentado, CPA 1149 S.W. 27th Avenue	26 ~~c/o Antonio F. Alentado,CPA~~ 1149 S.W. 27th Avenue
Suite, Apt. #, etc. 22 Suite 203	Suite, Apt. #, etc. 27 Suite 203
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / County 24 33135 / 25 USA	Zip / County 29 33135 / 30 USA

9. Name and Address of Current Registered Agent

MARTIN, PEDRO A.
701 BRICKELL AVENUE
SUITE 1600
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Martin, Pedro A., Esquire
82 Street Address (P.O. Box Number is Not Acceptable): Greenberg Traurig
83: 1221 Brickell Avenue
84 City: Miami FL 85 Zip Code: 33131

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, type 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	DTS	11 TITLE	☐ Change ☐ Addition
NAME	SAMANDER, JOHNNY ISSA	12 NAME	
STREET ADDRESS	VAN SPEYKSTRAAT 13	13 STREET ADDRESS	
CITY ST ZIP	CURACAO, N.A.	14 CITY ST ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	SAMANDER, GEORGE	22 NAME	
STREET ADDRESS	VAN SPEYKSTRAAT 13	23 STREET ADDRESS	
CITY ST ZIP	CURACAO, N.A.	24 CITY ST ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	SAIEH, ABDALA JASSIE	32 NAME	
STREET ADDRESS	VAN SPEYKSTRAAT 13	33 STREET ADDRESS	
CITY ST ZIP	CURACAO, N.A.	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHNNY ISSA SAMANDER 4/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120402 CP