


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

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K39444 (0)

1. Corporation Name
CENTURY PLAZA HOLDINGS OF FLORIDA, INC.

| | |
|--|--|
| Principal Place of Business ONE SOUTHEAST THIRD AVENUE SUITE 1400 MIAMI FL 33131 | Mailing Address ONE SOUTHEAST THIRD AVENUE SUITE 1400 MIAMI FL 33131 |
|--|--|

DO NOT WRITE IN THIS SPACE.

| | | | |
|---|--|--|--|
| 3. Date Incorporated or Qualified 10/14/1988 | | 3a. Date of Last Report 04/28/1994 | |
| 4. FBI Number 65-0132130 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | | | | | | | | | |
|---|--|----------------------|--|----------------------------------|--|----------------------|--|---|--|--|--|---------------------------------------|--|--|--|
| 2. Principal Place of Business 21 | | | | 2a. Mailing Address 26 | | | | 4. FBI Number 65-0132130 | | | | Applied For Not Applicable | | | |
| Suite, Apt. #, etc. 22 | | | | Suite, Apt. #, etc. 27 | | | | 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| City & State 23 | | | | City & State 28 | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | | | \$5.00 May Be Added to Fees | | | |
| Zip 24 | | Country 25 | | Zip 29 | | Country 30 | | 8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |

9. Name and Address of Current Registered Agent
**COPROLITE CORPORATION
ONE SOUTHEAST THIRD AVENUE
1400 AMERIFIRST BLDG SUITE 1400
MIAMI FL 33131**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|---|--|
| TITLE | DPT | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORDRAY, SUE | 1.2 NAME | DELETE |
| STREET ADDRESS | 1 S.E. 3RD AVE. #1400 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL | 1.4 CITY - ST - ZIP | |
| TITLE | DYS | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JACKSON, CARLA | 2.2 NAME | P/T/D CARLA JACKSON |
| STREET ADDRESS | 1 SE 3RD SVE #1400 | 2.3 STREET ADDRESS | 1 S.E. 3RD AVE., SUITE 1400 |
| CITY - ST - ZIP | MIAMI FL | 2.4 CITY - ST - ZIP | MIAMI, FL 33131 |
| TITLE | DVA | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICHARD, ARION | 3.2 NAME | V/S/D ARIONE RICHARD |
| STREET ADDRESS | 1 SE 3RD AVE #1400 | 3.3 STREET ADDRESS | 1 S.E. 3RD AVE., SUITE 1400 |
| CITY - ST - ZIP | MIAMI FL | 3.4 CITY - ST - ZIP | MIAMI, FL 33131 |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), 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, its 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: ARIONE RICHARD DATE: 04/12/95 DAYTIME PHONE #: 8053779353