

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

FILED
May 14 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 # K74909 (8)
1. Corporation Name
PLAZA CONSTRUCTION GROUP, INC.



Principal Place of Business %ABBEY KAPLAN 201 S BISCAYNE BLVD., 1970 MIAMI CENTER MIAMI FL 33131	Mailing Address %ABBEY KAPLAN 201 S BISCAYNE BLVD., 1970 MIAMI CENTER MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 1700 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 1700 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/23/1989	
4. FEI Number 65-0560514		Applied For <input type="checkbox"/> 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		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent KAPLAN, ABBEY 1970 MIAMI CENTER 201 S. BISCAYNE BLVD. MIAMI FL 33131-2808	
9. Name and Address of New Registered Agent Miami Center Registered Agents, Inc. 201 South Biscayne Boulevard Suite 1700 Miami, Florida 33131		10. Name and Address of New Registered Agent			

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 *By: Jon Kaplan* Y.P. 4/20/98
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FAIRMAN, NEIL		1.2 NAME Larry R. Jenkins	
STREET ADDRESS 2100 N. OCEAN BLVD.		1.3 STREET ADDRESS 2200 North Atlantic Blvd.	
CITY-ST-ZIP FT. LAUDERDALE FL		1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33305	
TITLE 	<input type="checkbox"/> DELETE	2.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		2.2 NAME Larry R. Jenkins	
STREET ADDRESS 		2.3 STREET ADDRESS 2200 North Atlantic Blvd.	
CITY-ST-ZIP 		2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33305	
TITLE 	<input type="checkbox"/> DELETE	3.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		3.2 NAME Scott W. Roth	
STREET ADDRESS 		3.3 STREET ADDRESS 2200 North Atlantic Blvd.	
CITY-ST-ZIP 		3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33305	
TITLE 	<input type="checkbox"/> DELETE	4.1 TITLE Secretary-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		4.2 NAME Robert J. Garcia	
STREET ADDRESS 		4.3 STREET ADDRESS 2200 North Atlantic Blvd.	
CITY-ST-ZIP 		4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33305	
TITLE 	<input type="checkbox"/> DELETE	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 	<input type="checkbox"/> DELETE	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 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 a 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.

CR2E034 (10/97)