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 APR 14 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L38936 (5)

1. Corporation Name
PALMETTO PLAZA MANAGEMENT, INC.

Principal Place of Business	Mailing Address
C/O MOISES T. GRAYSON 3049 N.E. 163RD ST. N. MIAMI BEACH FL 33160	P.O. BOX 630817 3049 N.E. 163RD ST. MIAMI FL 33163 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/22/1989
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business	2a. Mailing Address
21 3115 NE 163rd Street	26 3115 NE 163rd Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 North Miami Beach, FL	28 North Miami Beach, FL
24 Zip 33160 / 25 Country USA	29 Zip 33160 / 30 Country USA

4. FEI Number: 65-0171767 ☐ 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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~SREDNI, ISAAC~~ 3049 N.E. 163RD ST. ~~790 INGRAHAM BLDG.~~ N. MIAMI BEACH ,F 33160	81 Name: Premier Asset Management, Inc. 82 Street Address (P.O. Box Number is Not Acceptable): 3115 NE 163rd Street 83 84 City: North Miami Beach FL 85 Zip Code: 33160

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] 4/7/95
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	D	1.1 TITLE	S/D	☒ Change ☐ Addition
NAME	SREDNI, ISAAC	1.2 NAME		
STREET ADDRESS	3049 NE 163RD ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP		
TITLE		2.1 TITLE	P/D	☐ Change ☒ Addition
NAME		2.2 NAME	Jack Azout	
STREET ADDRESS		2.3 STREET ADDRESS	3079 NE 163rd Street	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	~~North Miami Beach, FL 33160~~	
TITLE		3.1 TITLE	V/D	☐ Change ☒ Addition
NAME		3.2 NAME	Erwin Sredni	
STREET ADDRESS		3.3 STREET ADDRESS	3049 NE 163rd Street	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	~~North Miami Beach, FL 33160~~	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 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 the 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: [signature] Jack Azout 3/21/95 (305) 945-9791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0804700 CP