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 MAR -3 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L43383** **(3)**

1. Corporation Name
OCEAN PLAZA, INC.

Principal Place of Business	Mailing Address
% SEMET, LICKSTEIN, MORGENSTERN & BERGER 201 ALHAMBRA CIRCLE, STE. 1200 CORAL GABLES FL 33134	% SEMET, LICKSTEIN, MORGENSTERN & BERGER 201 ALHAMBRA CIRCLE, STE. 1200 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/10/1990**	3a. Date of Last Report: **02/21/1994**
4. FEI Number: **58-1891077**	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BERGER, PAUL S. **SEMET, LICKSTEIN, MORGENSTERN, BERGER** **201 ALHAMBRA CIR #1200** **CORAL GABLES FL 33134**	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 necessary. DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17
TITLE: **D** NAME: **BERGBER, PAUL S.** STREET ADDRESS: **201 ALHAMBRA CIRCLE STE., 1200** CITY-ST-ZIP: **CORAL GABLES FL 33134**	11 TITLE 12 NAME: **Berger, Paul S.** 13 STREET ADDRESS 14 CITY-ST-ZIP ☒ Change ☐ Addition
TITLE: **S** NAME: **BERGMAN, JACK** STREET ADDRESS: **23 PHEASANT HILL LANE** CITY-ST-ZIP: **OLD BROOKVILLE NY 11545**	21 TITLE: **P/S** 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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 changed, added or deleted with an address.

SIGNATURE: JACK BERGMAN 3/21/95
SIGNATURE AND TYPE OR PRINT NAME OF OFFICER OR DIRECTOR — Daytime Phone #

0130033 CP