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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite,	 		
PARK AVENUE PLAZA, INC. Principal Place of Business ** RICHARD COLDSTONE PA 200 W SAMPLE RD #202 POMPANO BEACH FL 33073 ** RICHARD COLDSTONE PA 200 W SAMPLE RD #202 POMPANO BEACH FL 33073 ** RICHARD COLDSTONE PA 200 W SAMPLE RD #202 POMPANO BEACH FL 33073 ** RICHARD COLDSTONE PA 200 W SAMPLE RD #202 POMPANO BEACH FL 33073 ** RICHARD COLDSTONE PA 200 W SAMPLE RD #202 POMPANO BEACH FL 33073 ** RICHARD COLDSTONE PA 200 W SAMPLE RD #202 POMPANO BEACH FL 33073 ** RICHARD COLDSTONE PA 200 W SAMPLE RD #202 POMPANO BEACH RD #202 POMPANO BEACH RD #202 POMPANO BEACH RO #202 POMPANO BEACH R	 		
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** RICHARD COLDSTONE PA 200 W SAMPLE RD. #202 POMPANO BEACH FL 33073 ** RICHARD COLDSTONE PA 2300 W SAMPLE RD. #202 POMPANO BEACH FL 33073 ** RICHARD COLDSTONE PA 2300 W SAMPLE RD. #202 POMPANO BEACH FL 33073 ** RICHARD COLDSTONE PA 2300 W SAMPLE RD. #202 POMPANO BEACH FL 33073 ** RICHARD COLDSTONE PA 2300 W SAMPLE RD. #202 POMPANO BEACH FL 33073 ** RICHARD COLDSTONE PA 2300 W SAMPLE RD. #202 Country City & State ** Suite, Apt. #, etc. ** Certificate of Status Desired			
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S. Dete Incorporated or Qualified (1/20/1990) 38. Dete of Last Report (1/20/1990) (1/20/19			
Suite, Apt. #, etc. S. Certificate of Status Desired S8.75 Ad Fee Req. S8.75 Ad Fee Req. Status			
Suite, Apt. #, etc. Suite, Ap	oplied For		
City & State			
Zip Country 8. This corporation has liability for intangible tax under s 199 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 600 Name and Address of New Registered Agent 10. Name and Agent 10. Name and Address of New Registered Agent 10. Name and			
9. Name and Address of Current Registered Agent GOLDSTONE, RICHARD PA 2300 WEST SAMPLE RD, STE #202 POMPANO BEACH 33073 10. Name and Address of New Registered Agent 61 Name 62. Street Address (P.O. Box Number is Not Acceptable) 83. Street Address (P.O. Box Number is Not Acceptable) 84. City FL 85. Zip Cox 65. Typ Cox 66. Typ Cox 67. 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 regist familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. 68. City FL 85. Zip Cox 69. Typ Cox 69. T	to Fees		
GOLDSTONE, RICHARD PA 2300 WEST SAMPLE RD, STE #202 POMPANO BEACH 33073 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Cox 1. 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 regist remiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. 13 Signature, hyped or primarianian of the florida, Such change was author/sed by the corporation's board of directors. I hereby accept the appointment as registered agent familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 14 Signature, hyped or primarianian of registered agent and steel applicable 15 Signature, hyped or primarianian of registered agent and steel applicable 16 D DELETE 1 1. Till E 1 2 NAME 1 3 STREET ADDRESS 1 3 STREET ADDRESS 1 3 STREET ADDRESS 1 4 City 1 2 NAME 2 Street Address (P.O. Box Number is Not Acceptable) 8 D Zip Cox 1 3 DATE 2 OFFICERS AND DIRECTORS in the corporation's board of directors. I hereby accept the appointment as registered agent	99.032,		
B2 Street Address (P.O. Box Number is Not Acceptable) B3 Street Address (P.O. Box Number is Not Acceptable) B4 City FL B5 Zip Cox B5 Zip Cox B6 City FL B5 Zip Cox B7 City B8 City B8 City B8 City B9 Cotherors In receptance of corporation submits this statement for the purpose of changing its regist B9 Cotherors In receptance B9 Cotherors In rece			
POMPANO BEACH 33073 84 City FL 85 Zip Cov FL 86 City FL 88 Signature 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 regist familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. GNATURE Signature, typed or prined name of registered agent and offer if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II SKANDRANI, MAURICE 12. NAME HEET ADDRESS Y-SI-7IP ME GEAGLIEF STATE DELETE 13. STREET ADDRESS Y-SI-7IP 14. CITY-ST-7IP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 14. CITY-ST-7IP 15. TITLE 16. Change 17. Change 18. Change 18. Change 19. Change			
At City FL 85 Zip Control of the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent with, and accept the obligations of, Section 607,0505, Florida Statutes. GNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstang) DATE			
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 regist remiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. GNATURE Signature, typed or printed name of registered agent and late if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT SKANDRANI, MAURICE SET ADDRESS Y-SI-7IP MIAMI BEACH FL DELETE DELETE DELETE 14 CITy-SI-7IP 46. DELETE 3 1 TITLE 2 NAME 23 STREET ADDRESS 24 CITy-SI-7IP 46. DELETE 3 1 TITLE 3 1 TITLE 3 1 TITLE 3 1 TITLE 3 2 NAME			
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 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 and accept the obligations of, Section 607.0505, Florida Statutes. 3NATURE Signature, typed or primed name of registered agent and offer if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ALE SKANDRANI, MAURICE 12 NAME EET ADDRESS 2555 COLLINS AVE #914 13 STREET ADDRESS (*ST-ZIP) MIAMI BEACH FL 14 CITY-ST-ZIP EET ADDRESS 24 CITY-ST-ZIP DELETE 3 1 TITLE 1 Change 14 CITY-ST-ZIP DELETE 3 1 TITLE 1 CHANGE 15 CITY ST-ZIP DELETE 3 1 TITLE 1 CHANGE 15 CITY ST-ZIP THE ADDRESS 24 CITY-ST-ZIP THE ADDRESS 1 TITLE 1 CITY ST-ZIP THE ADDRESS 1 TITLE 1 CITY S			
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(301) 538.1209