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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L67686

(0)

1. Corporation Name:
PARK AVENUE PLAZA, INC.

Principal Place of Business

2180 PARK AVENUE
MIAMI BEACH FL 33139
US

Mailing Address

% RICHARD GOLDSTONE PA
2300 W SAMPLE RD. #202
POMPANO BEACH FL 33073-3047

3. Date Incorporated or Qualified
04/20/1990

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

4. FEI Number

65-0202617

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

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

81 Name SKANDRANI MAURICE

82 Street Address (P.O. Box Number is Not Acceptable)

83 2555 COLLINS AVE #914

84 City MIAMI BEACH

FL 85 Zip Code 33140

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 MAURICE SKANDRANI

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3.3.97

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SKANDRANI, MAURICE
STREET ADDRESS 2555 COLLINS AVE #914
CITY-ST-ZIP MIAMI BEACH FL

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: MAURICE SKANDRANI 3.3.97 338-1209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)