

2nd and
FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



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

FILED
98 SEP 30 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE
\$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company **DOCUMENT #** L93000000143

PLAZA INVESTMENT HOLDINGS, L.C.
% 5825 COLLINS AVE.
SUITE 14-F
MIAMI BEACH FL 33140

1a. Principal Place of Business Address
% 5825 COLLINS AVE.
SUITE 14-F
MIAMI BEACH FL 33140

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/12/1993	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		65-0408736	
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
				06/11/1997	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
CAHAN, RICHARD J. A ESQ. C/O BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DRIVE, SUITE 100 MIAMI FL 33126	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, etc.
	City
	Zip Code
	FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(If Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	GELBER, ROSE	5825 COLLINS AVE., SUITE 1	MIAMI BEACH FL
MEM	WEINERMAN, MINNA	3180 S. OCEAN DR., #1609	HALLANDALE FL

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****588.75 ****588.75

dec

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Rose Gelber* 9/28/98
Date Daytime Phone #