

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L97481 (0)

1. Corporation Name

3800 PLAZA STREET CORPORATION



Principal Place of Business

Mailing Address

9485 SUNSET DR.  
SUITE A-145  
MIAMI FL 33173

9485 SUNSET DR.  
SUITE A-145  
MIAMI FL 33173

3. Date Incorporated or Qualified

09/04/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3250 Mary Street

26 3250 Mary Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 404

27 Suite 404

City & State

City & State

23 Coconut Grove, FL

28 Coconut Grove, FL

Zip

Country

Zip

Country

24 33133

25 USA

29 33133

30 USA

4. FEI Number

65-0234941

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

10. Name and Address of New Registered Agent

FITZSIMMONS, ROBERT V.  
9485 SUNSET DR.  
SUITE A-145  
MIAMI FL 33173

81 Name

Fitzsimmons, Robert V.

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

3250 Mary Street

83

Suite 404

84

Coconut Grove

FL

85

Zip Code  
33133

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, 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 SD  
NAME FITZSIMMONS, ROBERT V.  
STREET ADDRESS 9485 SUNSET DR.  
CITY-ST-ZIP MIAMI FL 33173 ☐ DELETE

1.1 TITLE SD ☒ Change ☐ Addition  
1.2 NAME Fitzsimmons, Robert V.  
1.3 STREET ADDRESS 3250 Mary Street, Suite 404  
1.4 CITY-ST-ZIP Coconut Grove, FL 33133

TITLE PVT  
NAME SMITH, HERSCHELL  
STREET ADDRESS 9485 SUNSET DR.  
CITY-ST-ZIP MIAMI FL 33173 ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-9-96

Date

305-856-4181

Daytime Phone #

CR2E034 (12/95)