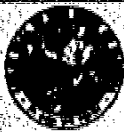


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Monahan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 19 AM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M04123** (9)

1. Corporation Name

RELATED RONEY PLAZA, INC.

Principal Place of Business

**2828 CORAL WAY
PENTHOUSE SUITE
MIAMI FL 33145**

Mailing Address

**2828 CORAL WAY
PENTHOUSE SUITE
MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/17/1984

3a. Date of Last Report

10/24/1994

4. FEI Number

13-3247699

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEREZ, JORGE M.
2828 CORAL WAY
PENTHOUSE PH-1
MIAMI FL 33145**

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

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	DT
NAME	MCGUIRE, SUSAN
STREET ADDRESS	625 MADISON AVE.
CITY- ST- ZIP	NEW YORK NY
TITLE	P
NAME	PEREZ, JORGE
STREET ADDRESS	2828 CORAL WAY, PH-1
CITY- ST- ZIP	MIAMI FL 33145
TITLE	V
NAME	FRIED, J. MICHAEL
STREET ADDRESS	625 MADISON AVE.
CITY- ST- ZIP	NEW YORK NY
TITLE	V
NAME	DALEY, WILLIAM
STREET ADDRESS	625 MADISON AVE.
CITY- ST- ZIP	NEW YORK NY
TITLE	V
NAME	HIRMES, ALAN
STREET ADDRESS	625 MADISON AVE.
CITY- ST- ZIP	NEW YORK NY
TITLE	S
NAME	MCGUIRE, SUSAN
STREET ADDRESS	625 MADISON AVE.
CITY- ST- ZIP	NEW YORK NY

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
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 this corporation or the collector 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 to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #