

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M35623 (1)
1. Corporation Name

PLAZA SOUTHEASTERN, INC.



Principal Place of Business Mailing Address
**11098 BISCAYNE BLVD., SUITE #402
N. MIAMI FL 33161-7489** **11098 BISCAYNE BLVD., SUITE #402
N. MIAMI FL 33161-7489**

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|--------------------------------|------------------|---|-------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/23/1986 | 3a. Date of Last Report 05/01/1995 |
| 21. Suite, Apt #, etc. | 22. City & State | 23. Zip | 24. Country | 4. FEI Number 65-0044763 | Applied For Not Applicable |
| 25. Suite, Apt #, etc. | 26. City & State | 27. Zip | 28. Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 29. Zip | 30. Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 25. Country | | 29. Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|--|-----------|--------------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| BEDZOW, MICHAEL 20803 BISCAYNE BLVD SUITE 200 AVENTURA FL 33180 | | | | 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 fee if applicable (NOTE: Registered Agent's signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PTD BEDZOW, CHARLES <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEDZOW, CHARLES | 1.2 NAME | |
| STREET ADDRESS | 11098 BISCAYNE BLVD #402 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | N. MIAMI FL | 1.4 CITY - ST - ZIP | |
| TITLE | VSD BEDZOW, SARA <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEDZOW, SARA | 2.2 NAME | |
| STREET ADDRESS | 11098 BISCAYNE BLVD #402 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | N. MIAMI FL | 2.4 CITY - ST - ZIP | |
| TITLE | VD SHAPIRO, HOWARD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHAPIRO, HOWARD | 3.2 NAME | |
| STREET ADDRESS | 11098 BISCAYNE BLVD #402 | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | N. MIAMI FL | 3.4 CITY - ST - ZIP | |
| TITLE | ASD SHAPIRO, HOWARD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHAPIRO, HOWARD | 4.2 NAME | |
| STREET ADDRESS | 11098 BISCAYNE BLVD #402 | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | N. MIAMI FL | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* VP **6/10/96** **305 891 7987**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitized Name #

CR2E034 (3/96)