FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M35623

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PLAZA SOUTHEASTERN, INC.

97 MAY 15 PM 1:49

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Part Leave	A formation and the second sec	Bar War and Advanced							
Principal Place of Business Mailing Address									
11098 BISCAYNE BLYD SUITE #402 11098 BISCAYNE BLYD SUITE #402 N. MIAMI FL 33161-7489 N. MIAMI FL 33161-7489									
i						3. Date Incorporated or Qualified 07/23/1986		te of Last F 17/1996	Report
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		TA A	pplied For
21	26				65-0044763		N	lot Applicable	
Suite, Apt 22	.#.etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional tequired	
Oity & Sta 23	(¢·	City & State			8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zφ	Country	Zφ	Cou	intry	1	8. This corporation has liability for			s. 199.032,
24	25 29 30		30				Yes [·	
	g, Name and Address of Curren	t Registered Agent		-	T	10. Name and Address of New Re	gistered A	(gent	
	DZOW, MICHAEL			81	Name				1
20803 BISCAYNE BLVD SUITE 200				82	Street Addi	Street Address (P.O. Box Number is Not Acceptable)			
AVE	ENTURA FL 33180			В3					
				84	City		FL	85 Zip	Code
11. Pursuant office or agent is	to the provisions of Sections 607,050 registered agent, or both, in the State an familiar with, and accept the obligi	2 and 607.1508, Florida Stati of Florida Such change was alions of, Section 607.0505, F	utes, the a s authorize lorida Sta	bove d by tutes	e-named corp the corporat s.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of of the app	changing i pintment as	its registered s registered
SIGNATURE	East state hyped or prodess carrie of tog stored ago					red when reinstating?	DATE		
12.	OFFICERS ANI		13.	o rigit	ant e Si marc redon	ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
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NAME.	SHAPIRO, HOWARD		3.2 N	AME	}				
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STREET APORESS					ADORESS	2//	-/7 /		
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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 Lam an officer or director of the corporation or the receiver or truese ampowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changely, or on an attachment with an address

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR BIGNATURE AND TYPED OF