FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 12: 27

DOCUMENT # **M36555** **(4)**

1. Corporation Name
EDAL PLAZA, INC.

Principal Place of Business
C/O RESAGE, INC.
10420 S.W. 97TH COURT
MIAMI FL 33176

Mailing Address
C/O RESAGE, INC.
10420 S.W. 97TH COURT
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1986
3a. Date of Last Report: 01/25/1994

21 2. Principal Place of Business
26 2a. Mailing Address
4. FEI Number: 59-2778091 — Applied For / Not Applicable

22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

23 City & State
28 City & State
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

24 Zip
25 Country
29 Zip
30 Country
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
RESAGE, INC.
10420 S.W. 97TH COURT
MIAMI FL 33176

10. Name and Address of New Registered Agent
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 Section 607.0501 and 607.0505, 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. The corporation's Board of Directors hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TYPE	PD
NAME	ARANGO, EDUARDO
STREET ADDRESS	10420 SW 97TH CT
CITY, ST, ZIP	MIAMI FL
TYPE	DVT
NAME	JORGE, ALBERTO
STREET ADDRESS	5901 SW 86TH ST
CITY, ST, ZIP	MIAMI FL
TYPE	DS
NAME	BRYANS, ALICIA
STREET ADDRESS	1428 ALGARDI AVE
CITY, ST, ZIP	CORAL GABLES FL
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1994

TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information indicated on this report or supplemental 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 with any changes or additions noted above.

SIGNATURE: Alicia Bryans — 1/10/95 — (305) 441-0770
SIGNATURE AND TYPED OR PRINTED NAME OF RANKING OFFICER OR DIRECTOR
ALICIA BRYANS

0192101 CP