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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

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

1. Corporation Name
EDAL PLAZA, INC.

Principal Place of Business	Mailing Address
10420 SW 97TH COURT **MIAMI FL 33176** **US**	**10420 SW 97TH COURT** **MIAMI FL 33176-2850** **US**

3. Date Incorporated or Qualified: **08/08/1986**
3a. Date of Last Report: **02/20/1996**

2. Principal Place of Business 21 1428 Algardi Ave.	2a. Mailing Address 26 1428 Algardi Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Coral Gables, FL	City & State 28 Coral Gables, FL
Zip 24 33146 Country 25 USA	Zip 29 33146 Country 30 USA

4. FEI Number: **59-2778081** ☐ 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
BRYANS, ALICIA **1428 ALGARDI AVENUE** **CORAL GABLES FL 33146**	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**PD**	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	**ARANGO, EDUARDO**		1.2 NAME		
STREET ADDRESS	**10420 SW 97TH CT**		1.3 STREET ADDRESS		
CITY-ST-ZIP	**MIAMI FL**		1.4 CITY-ST-ZIP		
TITLE	**DVT**	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	**JORGE, ALBERTO**		2.2 NAME		
STREET ADDRESS	**5901 SW 86TH ST**		2.3 STREET ADDRESS		
CITY-ST-ZIP	**MIAMI FL**		2.4 CITY-ST-ZIP		
TITLE	**DS**	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	**BRYANS, ALICIA**		3.2 NAME		
STREET ADDRESS	**1428 ALGARDI AVE**		3.3 STREET ADDRESS		
CITY-ST-ZIP	**CORAL GABLES FL**		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. 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 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: Alicia Bryans 1/13/97 (305)666-6414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALICIA BRYANS

0240593