

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

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Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M42933** (5)

1. Corporation Name
UNIVERSITY & SHERIDAN PLAZA, INC.



Principal Place of Business C/O ALBERTO FERNANDEZ 6100 HOLLYWOOD BLVD SUITE #206 HOLLYWOOD FL 33024	Mailing Address C/O ALBERTO FERNANDEZ 6100 HOLLYWOOD BLVD SUITE #206 HOLLYWOOD FL 33024-7982
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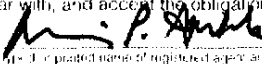
3. Date Incorporated or Qualified 12/10/1986	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 6365 TAFT Street Suite, Apt. #, etc. 22 Suite 1001 City & State 23 Hollywood, FL Zip 24 33024 Country 25 USA	2a. Mailing Address 26 6365 TAFT St. Suite, Apt. #, etc. 27 Suite 1001 City & State 28 Hollywood, FL Zip 29 33024 Country 30 USA
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4. FEI Number 59-2752064	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 LEVINSON, EDWARD E. 407 LINCOLN RD. PENTHOUSE EAST MIAMI BEACH FL 33139	10. Name and Address of New Registered Agent 81 Name Michael P. Gable 82 Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd. 83 Suite 735 South 84 City Hollywood FL 85 Zip Code 33021
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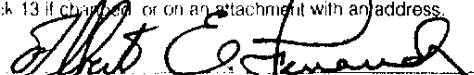
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:  **MICHAEL P. GABLE** 3/3/97
Signature of the registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE DP FERNANDEZ, ALBERTO E. 6100 HOLLYWOOD BLVD #206 HOLLYWOOD FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE DVP FERNANDEZ, ALBERTO JR. 6100 HOLLYWOOD BLVD #206 HOLLYWOOD FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE DTS FERNANDEZ, NELSON 6100 HOLLYWOOD BLVD #206 HOLLYWOOD FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☒ Change ☐ Addition DP Fernandez, Alberto E. 6365 Taft St. #1001 Hollywood, FL 33024
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition 800002093598 -02/20/97--01092--009 ***330.00

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:  **Albert E. Fernandez** 2/14/97 (954) 983-6399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Number)

CR2E034 (9/96)