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Feb 08, 1999 8:00am
Secretary of State

02-08-1999 90018 014 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000006066

1 Corporation Name
LOVE ONE PLAZA, INC.

Principal Place of Business 4101 PINETREE DRIVE, #1715 MIAMI BEACH FL 33140	Mailing Address 4101 PINETREE DRIVE, #1715 MIAMI BEACH FL 33140
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2 Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3 Date Incorporated or Qualified 12/22/1995	4 FEI Number 11-2220250	Applied For Not Applicable
		5 Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

PLAZA, JULIAN E
4101 PINETREE DRIVE, #1715
MIAMI BEACH FL 33140

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 Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PLAZA, JULIAN E	
STREET ADDRESS	4101 PINE TREE DRIVE, #1715	
CITY-ST-ZIP	MIAMI BEACH FL 33140-3620	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ENGLER, CHRIS A	
STREET ADDRESS	6612 MIAMI LAKES DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input type="checkbox"/> DELETE
NAME	INFANTE, ERIK S	
STREET ADDRESS	8211 N.W. 191 LANE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 1-19-99 DAYTIME PHONE: 305-591-5828

CRE037 (11/98)