FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N9600002726 (5)

PARC PLAZA SOUTH BEACH CONDOMINIUM ASSOCIATION. Principal Place of Business Malling Address 1775 WASHINGTON AVENUE 1775 WASHINGTON AVENUE 3. Date Incorporated or Qualified MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 05/21/1996 4. FEI Number Applied For 65-0705280 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name **BECKER & POLIAKOFF** 82 Street Address (P.O. Box Number is Not Acceptable) 3111 STIRLING ROAD 83 FORT LAUDERDALE FL 33312 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition SABATES, GEORGIANA NAME 1.2 NAME 2555 COLLINS AVENUE #C-1 STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP 1.4 City - St - 7/P X DELETE TITLE 2.1 TITLE Change Addition RAMOS, GOLBERTO H. NAME 2.2 NAME 1775 WASHINGTON AVE. STREET ADORESS 2.3 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE STD DELETE 3.1 TITLE Addition NAME **NOVO, LILLIAN** 3.2 NAME 2555 COLLINS AVENUE #C-1 STREET ADDRESS 3.3 STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME MANNY MELANT STREET ADDRESS 4.3 STREET ADDRESS 1775 WASHINTON AVENUE # 3C CITY-ST-ZIP 4.4 CITY-ST-2IP MIAMI BEACH, FL 33139 TITLE ■ DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY-ST-ZIP DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME **300002423033** -02/06/98--01003--009 STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 or an attachment with an address.

SIGNATURE:

CR2E037 (10

FILED

Feb 05 1998 8:00am

Secretary of State