

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 07 1996 8:00 am
Secretary of State

DOCUMENT # P08313 (9)
1. Corporation Name
SOUTH DADE PLAZA, INC.



Principal Place of Business Mailing Address
% THE YARMOUTH GROUP
950 E PACES FERRY RD #3210
ATLANTA GA 30326-1119

3. Date Incorporated or Qualified **12/06/1985** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 13-3313391		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State		24	25	29	30
23		28					
Zip	Country	Zip	Country				
24		25					

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WENGERT, ANN E.	1.2 NAME	MCKINNON, NEIL
STREET ADDRESS	10 E. 50TH ST.	1.3 STREET ADDRESS	725 S. FIGUEROA ST. SUITE 1590
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	LOS ANGELES, CA 90017
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, ANDREW R	2.2 NAME	
STREET ADDRESS	10 E. 50TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOND, GRAHAM J.	3.2 NAME	
STREET ADDRESS	10 E. 50TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TSACANOS, MARK	4.2 NAME	AUGER, KEVIN
STREET ADDRESS	10 E. 50TH ST.	4.3 STREET ADDRESS	10 E. 50th ST.
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	NEW YORK, NY
TITLE	VAS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUGER, KEVIN	5.2 NAME	RHODES, TIMOTHY G.
STREET ADDRESS	10 E. 50TH ST.	5.3 STREET ADDRESS	10 E. 50th ST.
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	NEW YORK, NY
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ALESSANDRO, JOSEPH P	6.2 NAME	
STREET ADDRESS	950 E PACES FERRY #3210	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96 (404) 231-0400
Date: _____ Daytime Phone # _____

CR2E037 (12/95)