

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P08313 (9)**

1. Corporation Name  
**SOUTH DADE PLAZA, INC.**



Principal Place of Business <b>% THE YARMOUTH GROUP 950 E PACES FERRY RD #3210 ATLANTA GA 30326-1119</b>	Mailing Address <b>% THE YARMOUTH GROUP 950 E PACES FERRY RD #3210 ATLANTA GA 30326-1146</b>
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3. Date Incorporated or Qualified <b>12/06/1985</b>	3a. Date of Last Report <b>02/07/1996</b>
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2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29	Country 30
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4. FEI Number <b>13-3313391</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCKINNOPN, NEIL</b>	
STREET ADDRESS	<b>725 S FIGUEROA ST SUITE 1590</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>FRIEDMAN, ANDREW R</b>	
STREET ADDRESS	<b>10 E. 50TH ST.</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BOND, GRAHAM J.</b>	
STREET ADDRESS	<b>10 E. 50TH ST.</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>AUGER, KEVIN</b>	
STREET ADDRESS	<b>10 E 50TH ST</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>VAS</b>	<input type="checkbox"/> DELETE
NAME	<b>RHODES, TIMOTHY G</b>	
STREET ADDRESS	<b>10 E 50TH ST</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>D'ALESSANDRO, JOSEPH P</b>	
STREET ADDRESS	<b>950 E PACES FERRY #3210</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>THOMAS, JR JOSEPH C.</b>	
1.3 STREET ADDRESS	<b>950 E. PACES FERRY #3210</b>	
1.4 CITY-ST-ZIP	<b>ATLANTA, GA</b>	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **FILED 3/13/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0075414**

CR2E037 (9/96)