Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90044 017 \*\*\*150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #**

1. Corporation Name

PLAZE V	ENTURE CURPURATION										
							[]				
							1				
Principal P ace of Business Mailing Address							•				
C/O KAJIMA INTERNATIONAL. INC. C/O KAJIMA INTERNATIONAL.											
900 SYLVAN AVENUE 900 SYLVAN AVENUE				••			DO NOT WRITE IN THIS SPACE				
ENSLEWOOD CLIFFS NJ 07632 ENSLEWOOD CLIFFS NJ 076			632	32			3. Date Incorporated or Qualifed				
								100rpbrated or Qualified 1/1990	1		[
2. Principal Pl	lace of Business	2a. Mailing Address					4. FEI Nu	imber		Apr	plied For
21		26					22-30	)90606		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					E Cartifa	ate of Status Desired		\$8.75 A	
22		27					o. Certiic	ate of Status Desired	L-J	Fee Re	quired
City & State	<u> </u>	City & State					6. Electic	n Campaign Financing		\$5.00	Мау Ве
23		28					Trust F	und Contribution	'	Added to	o Fees
Zip	Country	Zip	Cou	ntry			8. This co	rporation owes the cu	rrent year Ir	ntangible	1
24	25	29	30				Persor	al Property Tax.		☐ Yes	□No
9. Name and Address of Current Registered Agent						1	10. Name and Address of New Registers d Age				
				81	Name	1					
ALLEN, THOMAS R.				82	Stroot	Addross	/P.O. Box	Number is Not Accep	table)		
allen, Brown & Builder				02	Street	Andress	(1 .0. 60)	Number is Not Accep	table)		ŀ
359 CAROLINA AVENUE											
WIN1	TER PARK FL 32789			Ш					<u></u>		
				84	City				FI	85 Zip C	Code
44 5	to the provisions of Sections 607.0502	and 607 1500 Florida Statute	c the a	boye	named	Lournora	ion submi	e this statement for th	e purnose d	of changing its	registered
office or re	egistered agent, or both, in the State c	f Florida. Such change was ∋u	ithorized	ı by '	tne corpo	oration's	board of	lirectors. I hereby acc	ept the apt o	pintment as rec	gistered
agent, I ai	m familiar with, and accept the obligate	ons of, Section 607.0505, Flor	ida Stati	utes.							
SIGNATUF E									DATE		
	Signature, typed or printed na ne of registered agent OFFICERS ANI		13.	Agen	t signature r	required wn	an reinstating)	ONS/CHANGES TO O	· · · · · · · · · · · · · · · · · · ·	ND DIRECTO	ES IN 12
12.	PD OFFICERS ANI.	DELETE	1.1 10	TI E		Τ	ADDITI	<u> </u>	7110110	Change	Addition
TITLE	HOSHINO, K	- OELETE									_
NAME			1 2 NAME								
STREET ADDRESS	900 SYLVAN AVE			1.3 STREET ADDRESS							
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632		14 CFTY-		ſ-ZŀP	$\perp$ —				Change	Addition
TITLE	ST	☐ DELETE	2.1 TITLE			1				Change	L_I AUGUSON
NAME	SUGASAWA, KIYOSHI		2.2 NAME								
STREET ADDRESS	900 SYLVAN AVENUE		2.3 STRE		ADDRESS	6					
CITY-ST-ZIP	ENGLEWOOD NJ		2. 4 CITY		T-ZIP	<u> </u>					
TITLE	D	☐ DELETE	3.1 TITLE							Change	☐ Addition
NAME	SUOMI, M		3.2 NAME			Į					j
STREET ADDRESS	900 SYLVAN AVE		3.3 STREET		ADDRESS	s					Į.
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632		3.4. CITY-5		T-ZIP						
TITLE		☐ DELETE	4.1 TITLE		,			- <del></del>		☐ Change	Addition
NAME			4.2 N	AME							
STREET ADDRESS					ADDRESS	,					ļ
CITY-ST-ZIP				4.4 CITY-ST-ZIP							
TITLE			5.1 TI		- 41	+			<del></del>	Change	☐ Addition
11166			,			1				_ •	1

14. I hereby certify that the information supplied with this filing does not qualify fir 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE: \_

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPES OR URINTED NAME OF SIGNING OFFICER OR DIRECTOR
KIYOShi Sugasawa

☐ DELETE

4/22/99 20 L-568-1800

☐ Change

Addition