FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 FEB 14 PM 2:15

DOCUMENT # P92000002918 (0)

1. Corporation Name
PLAZA ESPERANZA, INC.

Principal Place of Business	Mailing Address
435 21ST ST MIAMI BEACH FL 33139 US	435 21ST ST MIAMI BEACH FL 33139 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0365620	Applied For / Not Applicable
5. Certificate of Status Desired: XXX	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

21	2. Principal Place of Business	26	Courvoisier Centre
22	State, Apt. #, etc.	27	501 Brickell Key Dr. Suite 407
23	City & State	28	Miami, FL
24	Zip	29	33131
25	Country	30	Dade

9. Name and Address of Current Registered Agent

PROMOFF, ADRIENNE F.
COURVOISIER CTR
501 BRICKELL KEY DR., STE 407
MIAMI FL 33131

10. Name and Address of New Registered Agent

31	Name
32	Street Address (P.O. Box Number is Not Acceptable)
33	
34	City: FL — 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD	11 TITLE	☐ Change ☐ Addition
NAME	WOLF, JEANNE	12 NAME	
STREET ADDRESS	435 21ST ST	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	XX Change ☐ Addition
NAME	CYPEN, STEPHEN H	22 NAME	OMIT. NO LONGER INVOLVED
STREET ADDRESS	825 ARTHUR GODFREY RD	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	24 CITY-ST-ZIP	
TITLE	VSD	31 TITLE	XX Change ☐ Addition
NAME	HART, DAVID	32 NAME	
STREET ADDRESS	825 ARTHUR GODFREY ROAD	33 STREET ADDRESS	OMIT. NO LONGER INVOLVED.
CITY-ST-ZIP	MIAMI BEACH FL 33140	34 CITY-ST-ZIP	
TITLE	VSD	41 TITLE	XX Change ☐ Addition
NAME	HART, REVA	42 NAME	OMIT. NO LONGER INVOLVED
STREET ADDRESS	825 ARTHUR GODFREY ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	XX Change ☐ Addition
NAME	WOLF, JEANNE	52 NAME	new address
STREET ADDRESS	825 ARTHUR GODFREY ROAD	53 STREET ADDRESS	Courvoisier Centre Suite 407
CITY-ST-ZIP	MIAMI BEACH FL 33140	54 CITY-ST-ZIP	501 Brickell Key Drive Miami, FL 33131
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is accurate and that this report is filed within the time provided by Section 607.1622, 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 attached sheet, with an address.

SIGNATURE: Jeanne Wolf JEANNE WOLF, President 2/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0140001 CP