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PROFIT CORPORATION ANNUAL REPORT

1997

CITY - ST - ZIP

Lam an officer or director of the appears in Block 12 or Block 13

SIGNATURE:



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

FILED

Feb 07 1997 8:00am

Secretary of State

Daytime Phone #

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000019082 (5)

EAST SIDE PLAZA OF BROWARD, INC.

Principal Place of Business Mailing Address C/O 1300 S.E. 17TH STREET. SUITE 210 C/O 1300 S.E. 17TH STREET, SUITE 210 FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 3. Date Incorporated or Qualified 3a. Date of Last Report 03/12/1993 03/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0456683 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & Stale \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zib Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, 25 Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MARTIN, ANDREW L ESQ Name 1300 S.E. 17TH STREET, SUITE 210 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33316 83 84 City Zip Code 85 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 (NOTE Registered Agent signature required when reinstating) Silgnatize type-for profed name of registered again and tile if approable 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE COLL, LUIS E NAME 1.2 NAME 1300 S.E. 17TH STREET, SUITE 210 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33316 CITY - ST - ZIF 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAM: 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Addition TUTLÉ 6.1 TITLE NAVE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CiTY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 Chapte 607, Florida Statutes; and that my name