

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000037100 (3)**

1. Corporation Name
PLAZA 67, INC.



Principal Place of Business Mailing Address
~~4 NORMAN MALINSKI, ESO
26 WEST FLAGLER STREET, SUITE 4010
MIAMI FL 33130~~
~~220 71ST ST.
#205
MIAMI BEACH FL 33141~~

3. Date Incorporated or Qualified **05/15/1993** 3a. Date of Last Report **02/14/1995**
4. FEI Number **65-0436033** Applied For Not Applicable
5. Certificate of Status Desired **\$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

2. Principal Place of Business 2a. Mailing Address
21 **CB MARK ZAND, CPA** 26 **300 S. Pine Island Rd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **# 110** 27
City & State City & State
23 **Plantation, FL** 28
City State Zip Country
24 **33324** 25 **Broward** 29
County Country 30

9. Name and Address of Current Registered Agent
~~OLTI, ANDRE
220 - 71ST STREET, #205
MIAMI BEACH FL 33141~~

10. Name and Address of New Registered Agent
81 Name **MARK ZAND, CPA**
82 Street Address (P.O. Box Number is Not Acceptable) **300 S. Pine Island Rd # 110**
83
84 **Plantation** FL 85 Zip Code **33324**

11. Pursuant to the provisions of Sections 607.0102 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 *[Signature]* DATE **3-18-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SZIRTES, PETER	
STREET ADDRESS	25 W. FLAGLER STREET, SUITE 1010	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SZIRTES, Peter	
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SZIRTES, Richard	
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D, PRES
1.3 STREET ADDRESS	SZIRTES, JULIAN
1.4 CITY-ST-ZIP	11 BEATLEY AVE
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NEPEAN, ONTARIO, CANADA K2E6T7
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **Apr 8/96** PHONE: **1-618-727-0167**

CR2E034 (12/95)