

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000037100 (3)

1. Corporation Name

PLAZA 67, INC.



Principal Place of Business

Mailing Address

~~14 NORMAN MALINSKI, ESQ.~~
~~26 WEST FLAGLER STREET, SUITE 4010~~
~~MIAMI FL 33130~~
~~220 71ST ST.~~
~~#205~~
~~MIAMI BEACH FL 33141~~

2. Principal Place of Business

2a. Mailing Address

21 ~~CP MARK ZAND, CPA~~
Suite, Apt. #, etc.

26 ~~300 S. Pine Island Rd.~~
Suite, Apt. #, etc.

22 ~~# 110~~
City & State

27 ~~Plantation, FL~~
City & State

23 ~~33324~~
Zip

28 ~~Broward~~
Country

24 ~~33324~~
Country

29 ~~33324~~
Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
05/15/1993

3a. Date of Last Report
02/14/1995

4. FFI 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

10. Name and Address of New Registered Agent

81 ~~MARK ZAND, CPA~~
82 ~~Street Address (P.O. Box Number is Not Acceptable)~~
~~300 S. Pine Island Rd. # 110~~
83 ~~Plantation~~
84 ~~FL~~
85 ~~33324~~

11. Pursuant to the provisions of Sections 607.0102 and 607.1508, Florida Statutes, this 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, typed or printed name of registered agent and 10-day application

Signature, typed or printed name of registered agent and 10-day application

DATE

3-18-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D SZIRTES, PETER
STREET ADDRESS 25 W. FLAGLER STREET, SUITE 1010
CITY-ST-ZIP MIAMI FL 33130

TITLE ☐ DELETE
NAME D SZIRTES, Peter
STREET ADDRESS Same
CITY-ST-ZIP Same

TITLE ☐ DELETE
NAME D SZIRTES, Richard
STREET ADDRESS Same
CITY-ST-ZIP Same

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, Pres
1.2 NAME SZIRTES, JULIAN
1.3 STREET ADDRESS 11 BEATLEY AVE
1.4 CITY-ST-ZIP WILHELM, ONTARIO, CANADA K2E6T7
1.5 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
2.5 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
3.5 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
4.5 ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
5.5 ☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
6.5 ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 8/96

DATE

1-613-727-0167

DATE/TIME PHONE

CR2E034 (12/95)