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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000078583 (0)

PLAZA SHOPPING CORP.

FILED May 18 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address												140 3111 1401			
789 BRICKELL PLAZA SUITE 900 MIAMI FL 33131					799 BRICKELL PLAZA SUITE 900										
											DO NOT WRITE IN THIS SPACE				
					MAMI	MIAMI FL 33131					3. Date Incorporated or Qualified				
											11/15/1993				
2, F	rincipal P	lace of Busin	ioss	T	2a. Maili	ng Address					4, FEI Number		Ar	oplied For	
21					26						65-0476082		No.	t Applicable	
	uite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75	Additional	
22					27						6. Certificate of Status Desired		Fee Re	berlupe	
	City & State				City & State				6. Election Campaign Financing	_	\$5.00	May Be			
23				28						Trust Fund Contribution		Added	to Fees		
$\overline{}$?ip		Country		Zip		Country				8. This corporation owes or has paid the current year Intangible				
24			25		29		30	, .			Personal Property Tax due Jur 10. Name and Address of New R] No	
				of Current R	gisterea	Agent		81	Name		10. Name and Address of New F	egistered	- gent		
			D FABER, P.	Α.					Harrio						
		BRICKELL	. PLAZA					82	Street	Addres	s (P.O. Box Number is Not Accepte	able)			
SUITE 900								83							
	MIA	AMI FL 331	31												
								84	City			FL	85 Zip i	Code	
11	Pursuant t	to the provis	ons of Section	ns 607 0502 ar	nd 607 150	08 Florida Statu	tes, the a	bayr	a-named	Corpar	ation submits this statement for the		changing it	ts registered	
• • • •	office or re	egistered ag	ent, or both, in	the State of F	torida Su	ch change was	authorize	d by	the con	poratio	ation submits this statement for the n's board of directors. I hereby acc	ept the app	ointment as	registered	
		iri iquililiar wi	in, and accep	t tota (Amigano)	is Oi, OCG	1011 007.0303, 11	onda ota	ioica).						
Sigi	NATURE	Signature, typed	or punited name of	egislend ngent na	at Jule if appdir.	able (NO	It. Registere	d Age	nı signaturı	e required	when reinstating)	DATE			
12.			OH	ICERS AND D	RECTORS		13.				ADDITIONS/CHANGES TO OFF	ICERS AND			
TITLE		DPT				L_] DELETE	1.1 7	ITLE					☐ Change	☐ Addition	
NAME			KY, JACOB				1.2 N	AME							
STREE	et address			'a, ste. 900			1.3 S	TREET	ADDRESS					İ	
	ST-ZIP	MIAMI F	L 33131			T Secret		ny-s	T-ZIP					101 4 3 3 3 3 3	
TITLE		VPS				☐ DELFTE	211			Die	RECTOR		☐ Change	Addition	
NAME			KY, CLARA				22 N			KE	DENSKY CLARA G BRICKELL PLAZ	يەك م	TE 90	0	
	ET ADDRESS			'a, ste. 900					ADDRESS	19	9 DKIEKELO JENZ AMI FL 33131	,, •••		-	
	ST-ZIP	MIAMI F	L 33131			DELETE			ST - ZIP	1411	HMI, F4. 33131		Change	Addition	
TITLE						☐ DELETE	317							L AQUIIIQII	
NAME							3.2 N		ADDOCAC						
	ET ADDRESS								ADDRESS					İ	
CITY-	ST-ZIP					DELETE	3.4. (4.1 T		ST - ZIP	 			Change	Addition	
NAME							4 21								
	ET ADDRESS								ADDRESS						
	ST-ZIP							ITY-S						1	
TITLE						DELETE	511		1-21	 			Change	Addition	
NAME							52 N						-		
	ET ADDRESS								ADDRESS						
	ST-ZIP							ITY-S							
TITLE						DELETE	617			†	- 4		Change	Addition	
NAME	i i						621								
	ET ADDRESS						635	IHEET	ADDRESS						
	ST-ZIP								I- Z IP						
_															

14. Thereby 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 supplientental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of fusted engrowered 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.