CR2E034 (11/98)

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PROFIT CORPORATION **ANNUAL REPORT** 1999

PLAZA SHOPPING CORP.

1. Corporation Name



DOCUMENT # **P93000078583**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90013 049 ***150 00



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Principal Place of Business Mailing Address 799 BRICKELL PLAZA 799 BRICKELL PLAZA SUITE 900 SUITE 900 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date incorporated or Qualifed 11/15/1993 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0476082 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Perlman & Associate, P.A. PERLMAN AND FABER, P.A. Street Address (P.O. Box Number is Not Acceptable) 82 799 BRICKELL PLAZA SUITE 900 83 Suite 900 **MIAMI FL 33131** 84 City 85 zig 6931 Miami 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 footh, or 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.

GEORGE D. PERLMAN, President 2/18/99 SIGNATURE (NOTE: Registered Agent signature required w ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE DPT TITLE 1.2 NAME NAME REDENSKY, JACOB 1.3 STREET ADDRESS 799 BRICKELL PLAZA, STE. 900 STREET ADDRESS **MIAMI FL 33131** 1.4 CITY-ST-ZIP CiTY-ST-ZIP X Addition DELETE 21 TITLE ☐ Change TITLE REDENSKY, CLARA 2.2 NAME NAME REDENSKY, CLARA 799 Brickell Plaza, Suite 900 799 BRICKELL PLAZA, STE. 900 2.3 STREET ADDRESS STREET ADDRESS Miami, Florida 33131 2, 4 CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP Addition Change □ DELETE 31 TITLE TITI F 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition DELETE ☐ Change 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change TITLE ☐ DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 supplements annual report is the 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 section of the corporation or the section of the same legal effect as if made under oath; that I am an officer or director of the corporation or the section of the corporation or the section of the same legal effect as if made under oath; that I am an officer or director of the corporation or the section of the same legal effect as if made under oath; that I am an officer or director of the corporation or the section of the same legal effect as if made under oath; that I am an officer or director of the corporation or the section of the same legal effect as if made under oath; that I am an officer or director of the corporation or the section of the same legal effect as if made under oath; that I am an officer or director of the corporation or the section of the same legal effect as if made under oath; that I am an officer or director of the corporation or the section of the section of the same legal effect as if made under oath; that I am an officer or director of the corporation or the section of the sec

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE- RESIDENT