Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

X Yes

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000029730

1. Corporation Name

City & State

23

24

STATION PLAZA, INC.

Principal Place of Business	Mailing Address			
1550 S DIXIE HWY SUITE 210 CORAL GABLES FL 33146	1550 S DIXIE HWY Suite 210 Coral Gables FL 3			
Principal Place of Business	2a. Mailing Address			
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			

Country

9. Name and Address of Current Registered Agent

25

SCHIFF, JAMES M

9130 S DADELAND BLVD

ABLES FL 33146

27

28

29

City & State

FILED Feb 20, 1999 8:00 am **Secretary of State**

02-20-1999 90163 022 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

04/17/1995 4. FEI Number

65-0577310

SUITE 1609			83					-:	
MIAMI FL 33156		-	0::		las.	7:- 0			
			84	City	• •	FL 85	Zip C	ooe	
office or re	to the provisions of Sections 607.0502 and 607 egistered agent, or both, in the State of Florida. In familiar with, and accept the obligations of, S	Such change was aut	horized by	the corpora	progration submits this statement for the purpo ation's board of directors. I hereby accept the	se of chang appointmen	ing its reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agent and title if ap	nnicable (NOTE: F	Registered Ager	t signature regu	uired when reinstating) OA	ne .			
			13.						
TITLE	DPV	☐ DELETE	1.1 TITLE			C	hange	☐ Addition	
NAME	LEFF. MICHAEL		1.2 NAME		•			}	
STREET ADDRESS	1550 S DIXIE HWY SUITE 210		1.3 STREET ADDRESS						
CITY-ST-ZIP	CORAL GABLES FL 33146		1.4 CITY-S	r- ZIP					
TITLE	DST	☐ DELETE	2.1 TITLE				nange	Addition	
NAME	LOWY, SIMON		2.2 NAME						
STREET ADDRESS	1550 S DIXIE HWY SUITE 210		2.3 STREET	ADDRESS	,			,	
CITY-ST-ZIP	CORAL GABLES FL 33146		2. 4 CITY-S	T-ZIP					
TITLE		☐ DELETE	3.1 TITLE			C	hange	Addition	
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STREET ADDRESS			3.3 STREET	ADDRESS				ļ	
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CITY-ST-ZIP			4.4 CITY-\$	-ZIP					
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CITY-ST-ZIP			5.4 CITY-S	-ZIP	· · · · · · · · · · · · · · · · · · ·				
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NAME			6.2 NAME	+				ĺ	
STREET ADDRESS			6.3 STREET	ADDRESS		~ .			
CITY-ST-ZIP			6.4 CITY-ST						
indicated officer or	ertify that the information supplied with this filing on this annual/report or supplemental annual ristrictor of the corporation or the receiver or tribor Block 13 if changed, or on an attachment with	port is true and accurate empowered to exe	ite and that ecute this re	my signatu eport as req	ure shall have the same legal effect as if made	under oath	; that i	am an	

Country

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SIGNATURE: SIGNATURE AND TYPED OR PRINTED DE SIGNING OFFICER OR DIRECTOR 2/10/99 305. Udo 4/646