

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

FILED

Mar 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000087446 (7)**

1. Corporation Name

**PARC PLAZA DEVELOPERS, INC.**

Principal Place of Business

% **SAMUEL C. ULLMAN**  
**201 S. BISCAYNE BLVD., SUITE 2400**  
**MIAMI FL 33131**

Mailing Address

% **SAMUEL C. ULLMAN**  
**201 S. BISCAYNE BLVD., SUITE 2400**  
**MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/14/1995**

4. FEI Number

**65-0629020**

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
**1775 Washington Avenue**  
**Miami Beach, Fl. 33139**  
Suite, Apt. #, etc.

2a. Mailing Address c/o  
**Real Estate Transactions, Inc.**  
**2555 Collins Ave. C1**  
Suite, Apt. #, etc.

27. Suite C1

City & State

28. **Miami Beach, Fl.**

Zip

29. **33140**

Country

30. **Dade**

City & State

23. **Miami Beach, Fl.**

Zip

24. **33139**

Country

25. **Dade**

9. Name and Address of Current Registered Agent

**ULLMAN, SAMUEL C**  
**% KELLEY DRYE & WARREN**  
**201 S. BISCAYNE BLVD., SUITE 2400**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

**FL**

85. Zip Code

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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE **P** ☐ DELETE

NAME **JIM MATTEI**  
STREET ADDRESS **2555 COLLINS AVE. C-1**  
CITY-ST-ZIP **MIAMI BEACH FL**

1.2 TITLE **T** ☐ DELETE

NAME **DAVID FRIEDSON**  
STREET ADDRESS **255 COLLINS AVENUE C-1**  
CITY-ST-ZIP **MIAMI BEACH FL**

1.3 TITLE **S** ☐ DELETE

NAME **FELIX SABATES**  
STREET ADDRESS **255 COLLINS AVE. C-1**  
CITY-ST-ZIP **MIAMI BEACH FL**

1.4 TITLE **OM** ☐ DELETE

NAME **SILVIA COLTRANE**  
STREET ADDRESS **2555 COLLINS AVE. C-1**  
CITY-ST-ZIP **MIAMI BEACH FL**

1.5 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 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 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 on an attachment with an address

SIGNATURE:

*Sandra B. Mortham*

**3/4/98-672-0304**

CP2E034 (10/97)