

FILED NOW WITH FEE ACTED MAY 1ST IS \$550.00

FILED

Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90102 037 ***150.00

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000087446

1. Corporation Name

PARC PLAZA DEVELOPERS, INC.

Principal Place of Business

1775 WASHINGTON AVE
201 S. BISCAYNE BLVD., SUITE 2400
MIAMI BEACH FL 33139
US

Mailing Address

2555 COLLINS AVE
SUITE C-1
MIAMI BEACH FL 33140
US

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 the current year Intangible
Personal Property Tax.

Yes ☒ No ☒

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	JIM MATTEI	
STREET ADDRESS	2555 COLLINS AVE. C-1	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DAVID FRIEDSON	
STREET ADDRESS	255 COLLINS AVENUE C-1	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FELIX SABATES	
STREET ADDRESS	255 COLLINS AVE. C-1	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	OM	<input type="checkbox"/> DELETE
NAME	SILVIA COLTRANE	
STREET ADDRESS	2555 COLLINS AVE. C-1	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)