## 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 # P96000048919 (0)

LAKES PARK PLAZA OF SILVER LAKES, INC.

Principal Place of Business Mailing Address C/O 1 S.E. 3RD AVE. C/O 1 S.E. 3RD AVE. STE. 980 STE. 900 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 06/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 6600 COWPED ROAD ROAD 6600 court 65-0677497 Not Applicable \$8.75 Additional 5. Certificate of Status Desired VITE SUITE Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ROZENCWAIG, LESLIE A 1 S.E. 3RD AVE. 82 Street Address (P.O. Box Number is Not Acceptable) STE. 960 83 **MIAMI FL 33131** 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, typod or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE CASTILLO, SIXTA NAME 1.2 NAME 6600 COWPEN RD., #300 STREET ADDRESS 1.3 STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS 2.4 CHTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE MAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7IP Addition DELETE 41 TITLE [ ] Change 4. 2 NAME

hing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information froport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address. CITY-ST-ZIP 14. I hereby certify that the information supplied with this findicated on this annual report of supplemental annual officer or director of the corporation or the receiver of Block 12 or Block 13 if changelf, or on an attactive of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of

4.3 STREET ADDRESS

5.3 STREET ADDRESS

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4.4 CITY - ST-ZIP

5.1 TITLE

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6 1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE: X

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

131 包括扩出的

4/21/98

FILED

May 04 1998 8:00am

Secretary of State

CR2E034 (10/97

Addition

Addition

Change