## 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

FILED Mar 16 1998 8:00am Secretary of State

-	MENT # P97000 RSITY PLAZA, INC.	0021070 (2	)		######################################	
Principal Place	p of Business	Mailing Address			. <b>86114 11681</b> 14811 <b>58</b> 111 (8814 8814 1864	
3990 SHERID		3990 SHERIDAN STREE	Ŧ	1		
SUITE 209		SUITE 209				
HOLLYWOOD FL 33021		HOLLYWOOD FL 33021			DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified		
A Driveinel D	lace of Business	2a. Mailing Address		03/07/1997		
<del></del>	ace of Business	<u>⊢</u>		4. FEI Number 65 - 0137597	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.			CO 75 Additional	
22	., 5.6	27		5. Certificate of Status Desired	Fee Required	
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		, , ,	Added to Fees	
Zip	Country	<b>Z</b> (j)	Country	8. This corporation owes or has paid	the current year Intangible	
24	25	29	30	Personal Property Tax due June 3	0. ☐ Yes [VNo	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Regi	stered Agent	
	rman, steven b		81 Name			
3990 Sheridan Street			82 Street	Address (P.O. Box Number is Not Acceptable	9)	
SUITE 209						
HC	DLLYWOOD FL 33021		83			
			84 City		85 Zip Code	
					FL 189 ZIP COUR	
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						
12.	Signature, typiod or printed name of registered ago OFFICERS ANI		TE: Registered Agent signature 13.	e required when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE DO AND DIRECTORS IN 12	
TITLE	D OF THE HS AND	DELETE	1.1 TITLE	····	Change Addition	
NAME	BERMAN, HOWARD B	CT OFFICE	1.2 NAME	President		
STREET ADDRESS	3990 SHERIDAN STREET		1.3 STREET ADDRESS			
· · · · · · · · · · · · · · · · · · ·	HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP	1		
CITY+ST-ZIP TITLE	D	DELETE	21 TITLE	VICE PRESIDENT	Change Addition	
NAME	BERMAN, STEVEN B		2.2 NAME	AICM LICESIASIA		
STREET ADDRESS	3990 SHERIDAN STREET		2.3 STREET ADDRESS			
ì	HOLLYWOOD FL 33021		2.4 CITY-ST-ZIP	1	·	
CITY-ST-ZIP TITLE	11022111000112 00021	DELETE	3.1 TITLE	SECRETARY TREASURER	Change Addition	
NAME			3.2 NAME		المالانية المالية الما	
STREET ADORESS			33 STREET ADDRESS	MIGHAEL J WELL		
			34. CITY-ST-ZIP	3541 NORTH 3155 PERRACE HOLLYWOOD, FL 33021		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	HORETWOOD, FE 33021	☐ Change ☐ Addition	
NAME			4. 2 NAME	)		
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME	}		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 City-S1-Zip			
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS	4		6.3 STREET ADDRESS	<b>\</b>		
	Λl		6.4 CITY-ST-ZIP			
CITY-ST-ZIP	ertily that the information of plied wi	th this filing does not qualify		L ed in Section 119.07(3)(i), Florida Statutes. I fu	orther certify that the information	

I hereby certify that the information 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 section filed 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 in the processor 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 an in internal with an address.

SIGNATURE:

STEVE

N , HON

1/29/98

(954) 981-7744