## 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 # P98000095604

## **FILED** Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90098 041 \*\*\*150.00

PLAZAMI	JSICA, INC.							
Principal Place of Business Mailing Address						1 10011001 110 10101 10111 00111 00111 00111 00111	.grgr gerie errir e	Atti Bibi ibbi
10544 NW 26TH ST SUITE 104 10544 NW 26TH ST SUITE 104 MIAMI FL 33172 MIAMI FL 33172						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		-
						11/12/1998		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	-Apr	olied For
21 26				<u> </u>		65-0878576	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75 A	
22						5. Certificate of Status Desired	Fee Red	quired
City & State City & State					į	6. Election Campaign Financing	\$5.00	May Be
23 28						Trust Fund Contribution	Added to	Fees
Zip Country Zip			Country	•		<ol><li>This corporation owes the current year Int</li></ol>		_
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent	81			10. Name and Address of New Registered	Agent	
Breil, Giora W 10544 NW 26TH St., Suite 104				Name				
				82 Street Address (P.O. Box Number is Not Acceptable)				
MIAN	II FL 33172		83					
			84	City			85 Zip C	ode
			"	City		FL	.   50   = 7 -	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was aut ons of, Section 607.0505, Flori	thorized by da Statutes	the corpo	oration	ation submits this statement for the purpose of 's board of directors. I hereby accept the appoi	ntment as reg	jistered
	Signature, typed or printed name of registered agent	<del></del>	Registered Age	nt signature r	required w	vhen reinstating) DATE		
12.	OFFICERS AND		13.		_	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR  Change	RS IN 12 Addition
TITLE	PD □ DELETE 1.1						☐ Change	☐ Addition
NAME BARBOSA DA SILVA, RAPHAEL C			1.2 NAME		1			}
STREET ADDRESS 10544 NW 26TH ST., SUITE 104			1.3 STREE	TADDRESS				İ
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-5	T-ZIP	ļ <u> </u>			[ ] Addition
TITLE	VSD □ DELETE 2.11				}		☐ Change	□ Moninon
NAME	BREIL, GIORA W					•		
STREET ADDRESS	ss 10544 NW 26TH ST., SUITE 104 23			TADDRESS			-	
CITY-ST-ZIP	1410/4111112 30 172			ST-ZIP				
TITLE .	☐ DELETE 31		3 1 TITLE				Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS		•		1
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	<u> </u>			
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS	}			
CITY-ST-ZIP			4.4 CITY-5	T-ZIP				From A of Street
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME		Į			
STREET ADDRESS			4	TADDRESS				İ
CITY-ST-ZIP			54 CITY-5	T-ZIP	<u> </u>			FT A 3 390 :
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME	1	1			
STREET ADDRESS 6.3 S			6.3 STREE	T ADDRESS				ļ
CITY-ST-ZIP			6.4 CITY-5	T-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 chapted, or on an attachment with an apprecia, with all other like empowered.

SIGNATURE:

RAPHAEC C. BARBOSA DA SILVE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR