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Mar 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S14844 (2)  
1. Corporation Name  
EMBASSY SQUARE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7990 SW 11TH AVE. MIAMI FL 33183		Mailing Address 7990 SW 11TH AVE. MIAMI FL 33183	
2. Principal Place of Business 21 7990 SW 117 AVE Suite, Apt. #, etc.		2a. Mailing Address 26 7990 SW 117 AVE Suite, Apt. #, etc.	
22 City & State 23		27 City & State 28	
24 Zip 25 Country		29 Zip 30 Country	
9. Name and Address of Current Registered Agent CASTRO, ANTONIO J 7990 S.W. 117TH AVE MIAMI FL 33183		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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	PD
NAME	GROSSMAN, PHYLLIS
STREET ADDRESS	7990 SW 117 AVE
CITY-ST-ZIP	MIAMI FL 33183
TITLE	DVPS
NAME	CASTRO, ANTONIO J
STREET ADDRESS	7990 SW 117 AVE
CITY-ST-ZIP	MIAMI FL 33183
TITLE	VPT
NAME	MIZELS, LORI
STREET ADDRESS	7990 SW 117 AVE
CITY-ST-ZIP	MIAMI FL 33183
TITLE	VP
NAME	GROSSMAN, WILLIAM
STREET ADDRESS	7990 SW 117 AVE
CITY-ST-ZIP	MIAMI FL 33183
TITLE	VP
NAME	GETELMAN, KAREN
STREET ADDRESS	5298 LINDLEY AVENUE
CITY-ST-ZIP	ENCINO CA 91316-3518
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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:

*[Signature]*

2/28/98 (305) 595-4040

CR2E034 (10/97)