Applied For

\$8.75 Additional

Fee Required

Not Applicable

## 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 # S78152

PLAZA BEACH HOTEL CORP.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

2a. Mailing Address

27

Suite, Apt. #, etc.

666 RUE SHERBROOKE ST W PH 2300 MONTREAL. QUEBEC. CANADA 56035-7227

666 RUE SHERBROOKE ST W PH 2300

MONTREAL, QUEBEC, CANADA 56035-7227

## FILED Feb 01, 1999 8:00am Secretary of State

02-01-1999 90032 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

09/04/1991

98-0119639

FEI Number

23	City & Sta	ie .	28 City o	State			6. Election Campaign Financi Trust Fund Contribution	ng S \$5.00	
	Zip	Country	Zip	7841	Country		<del></del>		0.1.662
24		. 25	29		10		8. This corporation owes the current year Intangible Personal Property Tax.		
	. ;	9. Name and Address of Curre		Agent			10. Name and Address of Ne	w Registered Agent	
			e. S	•	81	Name	•		•
CROSS, WILLIAM S.					-				
1177 SE 3 AVE					82	82 Street Address (P.O. Box Number is Not Acceptable)			
FT LAUDERDALE FL 33316					83		44.7 13.77114 4 (7.15)	<u></u>	18. 1941 ag
					.   "		and the state of the		
					84	City	** v 23 *** c 4	85 Zip C	Code
FL 1									
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									
ROB agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.									
SIGNATURE									
		Signature, typed or printed name of registered age	ent and title if applicable	le. (NOTE: R	egistered Agen	signature required	when reinstating): [****;	DATE	[
12.		OFFICERS AT	ND DIRECTORS	3 .	13.		ADDITIONS/CHANGES TO	OFFICERS AND DIRECTO	RS IN 12
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In 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 epoch 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 empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attainment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 12, 1999

(514) 845 - 6393 Daytime Phone # R2E034 (11/98)