FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # V15287 (8)

1. Corporation Name

CHRISTEL PLAZA CORPORATION

Principal Place of Business	Mailing Address
12257 SW 112TH STREET C/O MAURICE S. BARAKAT MIAMI FL 33186 US	12257 S.W. 112TH STREET C/O MAURICE S. BARAKAT MIAMI FL 33186 US

3. Date Incorporated or Qualified: 02/19/1992
3a. Date of Last Report: 05/22/1995
4. FEI Number: 65-0374642 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 ____
Suite, Apt. #, etc.
22 ____
City & State
23 ____
Zip 24 ____ Country 25 ____

2a. Mailing Address
26 ____
Suite, Apt. #, etc.
27 ____
City & State
28 ____
Zip 29 ____ Country 30 ____

9. Name and Address of Current Registered Agent

KLEIN, RONALD G.
901 N.E. 125 ST.
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name: BYRON SHARP
82 Street Address (P.O. Box Number is Not Acceptable): Christel Plaza Corp. 12257 SW 112 ST.
83 Miami FLa.
84 City FL 85 Zip Code 33186

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] BYRON J SHARP Secretary 3-19-96
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	DP	☐ DELETE
NAME	BARAKAT, MAURICE S.	
STREET ADDRESS	12257 S.W. 112TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	~~DV~~	☒ DELETE
NAME	~~BURRELL, BRUCE~~	
STREET ADDRESS	~~4550 BANYAN LANE~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE	DS	☐ DELETE
NAME	SHARP, BYRON	
STREET ADDRESS	16115 S. W. 117 AVE., SUITE 1-A	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT VP	☐ DELETE
NAME	BURGER, HARRY	
STREET ADDRESS	3772 N. E. 166 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Byron J SHARP [signature] Secretary 3-19-96 305 2714744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)