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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V27543** **(0)**

1. Corporation Name

SJ PLAZA, INC.

Principal Place of Business	Mailing Address
% MARCEL ST-JEAN ~~10141 EAST BAY HARBOR. UNIT 1B~~ ~~BAY HARBOR ISLAND FL 33154~~	% MARCEL ST-JEAN ~~10141 EAST BAY HARBOR. UNIT 1B~~ ~~BAY HARBOR ISLAND FL 33154~~

3. Date Incorporated or Qualified: 04/09/1992
3a. Date of Last Report: 03/23/1995
4. FEI Number: 65-0326927 (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	2a. Mailing Address
21 1515 N. OCEAN DRIVE.	26 1515 N. OCEAN DR.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Hollywood FL	28 City & State: Hollywood FL
24 Zip: 33019 25 Country: U.S.	29 Zip: 33019 30 Country: US

9. Name and Address of Current Registered Agent

ST JEAN, MARCEL
~~10141 E BAY HARBOR~~
~~UNIT 1B~~
~~BAY HARBOR ISL FL 33154~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1515 N. OCEAN DR.
83
84 City: Hollywood FL 85 Zip Code: 33019

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: Marcel St Jean — DATE: 03/15/96.
Signature, typed or printed name of reg. agent and title, if applicable (NOTE: Registered Agent's signature required if changing registered agent.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ST. JEAN, MARCEL ~~10141 E. BAY HARBOR DR.~~ ~~BAY HARBOR ISL. FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 1515 N OCEAN DR. Hollywood FL 33019
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ST. JEAN, PIERO ~~10141 E. BAY HARBOR DR.~~ ~~BAY HARBOR ISL. FL~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 1515 N OCEAN DR. Hollywood FL 33019
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: Marcel St Jean — MARCEL ST-JEAN · 03/15/96 · 954-927-3222.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #