FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

V27543

(0)

SJ PLAZA, INC.

NAME STREET ADDRESS Jan 26 1998 8:00am Secretary of State

A CHRES BACADO CIGAL PAROS RESES MANDA TALA SERFE MANDA BAGAT APROC MAND REGIS LAND.

FILED

Principal Place of Business	Mailing Address	
1515 N OCEAN DR	1515 N OCEAN DR	
10141 EAST BAY HARBOR, UNIT 1B	10141 EAST BAY HARBOR, UNIT 1B	DO NOT WORK IN THE ORACE

	OD FL 33019 HOLLTWOOD FL 33019			DO NOT WRITE IN THIS SPACE		
US US		US	3. Date Incorporated or Qualified			
					04/09/1992	
2. Principal P	lace of Business	2a. Mailing Address		'	4. FEI Number	Applied For
21 1515	_		CLAN	01	65-0326927	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		<u> </u>		\$8,75 Additional
	#, etc.	27			5. Certificate of Status Desired	Fee Required
22		1-1				
City & State			ZC.	6. Election Campaign Financing	\$5.00 May Be	
23 H3CCY W000 KC			<u>/ </u>	Trust Fund Contribution	Added to Fees	
Zip	Country	L Zip	Country		8. This corporation owes or has paid the curre	
24 330	19 25 0.5	29 330/9 30	0	1-5.		Yes No
	Name and Address of Currer	nt Registered Agent			Name and Address of New Registered Ag	gent
ST	JEAN, MARCEL	7.	81	Name		j
	15 N OCEAN DR	•	-	<u> </u>	(0.0 0 No. 1	
	WT-18	•	82	Street Add	idress (P.O. Box Number is Not Acceptable)	
		* §	83			
חת	DLLYWOOD FL 33019	*	"			i
		1.	84	Çity		85 Zip Code
				,	<u>FL</u>	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes,	the above	e-named co	orporation submits this statement for the purpose of cration's board of directors. I hereby accept the appoi	changing its registered
office of r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Such change was autriations of Section 607,0505. Florid	orized by a Statutes	rine carpon s.	ration's board of directors. I hereby accept the appoi	munent as registered
_	an tarmat was, and accept the cong	adding oil cooling 60, 10000, 110110	<u> </u>			i
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE, Re	aistered Ace	nt signature reg	guired when reinstating) DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	1		Change
NAME	ST. JEAN, MARCEL		1.2 NAME	"	D ST-JKAN, MARCEL 1515 N. OCRAN DR. HOLLY LOSD KC 33019	_ • _
-	151 N OCEAN DR			1	STITE W. OCRAN DR.	
STREET ADDRESS			1,3 STREET	ADDRESS	13/3	7
CITY - ST - ZIP	HOLLYWOOD FL		1.4 CITY - S	T-ZIP	HOLLY COST MC 37.11	<i>y</i>
TITLE	D	□ DELETE	2.1 TITLE		L.	Change Addition
NAME	ST. JEAN, PIERO		2.2 NAME			
STREET ADDRESS	1515 N OCEAN DR		2.3 STREET	ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2, 4 CITY-5	ST-71P		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
					-	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP			3.4. CITY-5	ST- ZIP		7 0 1 1 1 1 1 1 1
TITLE		☐ DELETE	4.1 TITLE		L	Change Addition
NAME		•	4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
			4.4 CITY-S			
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	1-71		Change Addition
					-	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY - ST - ZIP			5.4 CITY - S	T-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition

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.

6.2 NAME

SIGNATURE: MARCEL DEN VOIS REMARCEL ST-18A

01-16-98/954-977-3222

CR2E034 (10/97)