FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

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

1996 3 6-96 B-1936-C

DOCUMENT # V64498 (1)

1. Corporation Name
D.R. PLAZA, INC.

Principal Place of Business	Mailing Address
~~1160 SOUTH ROGERS CIRCLE~~ ~~BOCA RATON FL 33487~~	P O BOX 3760 BOCA RATON FL 33427 US

3. Date Incorporated or Qualified: 09/15/1992	3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0354843	☐ 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 6353 W. ROGERS CIRCLE
22 Suite, Apt. #, etc.: SUITE 1
23 City & State: BOCA RATON, FL
24 Zip: 33487 25 Country: USA

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

9. Name and Address of Current Registered Agent

~~GEISERMAN, ROBERT~~
~~1160 SOUTH ROGERS CIRCLE~~
~~BOCA RATON FL 33487~~

10. Name and Address of New Registered Agent

81 Name: HARRY HAHAMOVITCH
82 Street Address (P.O. Box Number is Not Acceptable): 6353 W. ROGERS CIRCLE
83 SUITE 1
84 City: BOCA RATON FL 85 Zip Code: 33487

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] DATE: 2-23-96

Signature, typed or printed name of registered agent and title: HARRY HAHAMOVITCH (if agent resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	☒ DELETE	1.1 TITLE: P/S/D	☒ Change ☐ Addition
NAME: ~~GEISERMAN, ROBERT~~		1.2 NAME: HARRY HAHAMOVITCH	
STREET ADDRESS: ~~1160 S. ROGERS CIRCLE~~		1.3 STREET ADDRESS: 6353 W. ROGERS CIRCLE, SUITE 1	
CITY-ST-ZIP: ~~BOCA RATON FL~~		1.4 CITY-ST-ZIP: BOCA RATON, FL 33487	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 added by attachment with an address.

SIGNATURE: [signature] 2-23-96 (407)994-2233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HARRY HAHAMOVITCH, PRESIDENT