

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 10:41

DOCUMENT # **F10658** (5)

1. Corporation Name
FLORA HOTEL, INC. (LA)

Principal Place of Business Mailing Address
1238 COLLINS AVE. MIAMI BEACH FL 33139-4607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/21/1980** 3a. Date of Last Report **03/30/1994**
4. FEI Number **59-2042922** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
BRAMCHTEIN, FAJGA RAQUEL
1238 COLLINS AVE
MIAMI BEACH FL 33139
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENHAMOU, DAVID	1.2 NAME	
STREET ADDRESS	1238 COLLINS AVE	1.3 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	1.4 CITY ST ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMCHTEIN, ISAAC	2.2 NAME	
STREET ADDRESS	1238 COLLINS AVE	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	2.4 CITY ST ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMCHTEIN, PABLO	3.2 NAME	
STREET ADDRESS	1238 COLLINS AVE	3.3 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	3.4 CITY ST ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMCHTEIN, FAJGA R.	4.2 NAME	
STREET ADDRESS	1238 COLLINS AVE	4.3 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an appointment with an address.

SIGNATURE: *Fajga Original Signature* **2/14/91** **532-1098**
Signature: typed or printed name of signing officer or director. Date. District Office #