

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K07995 (9)
1. Corporation Name
BEACH BREEZE RESORT MOTEL, INC.



Principal Place of Business: **551 N. ATLANTIC BLVD. FT. LAUDERDALE FL 33304**
Mailing Address: **551 N. ATLANTIC BLVD. FT. LAUDERDALE FL 33304**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/21/1987	3a. Date of Last Report 10/09/1995
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	22. City & State	27. City & State	4. FEI Number 65-0169442	Applied For Not Applicable
23. Zip	28. Zip	24. Country	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country	30. Country	24. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ASHOK, DALAL A
633 N E 16TH SUITE #607
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 607.0205, Florida Statutes.

SIGNATURE: *Ashok Dalal A* DATE: **02.09.96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	SD MOTWANI, RAMOLA R	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	551 N. ATLANTIC BLVD.	1.2 NAME	
3. CITY - ST - ZIP	FT. LAUDERDALE FL 33304	1.3 STREET ADDRESS	
4. TITLE		1.4 CITY - ST - ZIP	
5. NAME		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS		2.2 NAME	
7. CITY - ST - ZIP		2.3 STREET ADDRESS	
8. TITLE		2.4 CITY - ST - ZIP	
9. NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS		3.2 NAME	
11. CITY - ST - ZIP		3.3 STREET ADDRESS	
12. TITLE		3.4 CITY - ST - ZIP	
13. NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY - ST - ZIP		4.3 STREET ADDRESS	
16. TITLE		4.4 CITY - ST - ZIP	
17. NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS		5.2 NAME	
19. CITY - ST - ZIP		5.3 STREET ADDRESS	
20. TITLE		5.4 CITY - ST - ZIP	
21. NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. STREET ADDRESS		6.2 NAME	
23. CITY - ST - ZIP		6.3 STREET ADDRESS	
24. TITLE		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: *Ramola R Motwani* DATE: **02.09.96** ORIGINAL FILING # **954-564-2345**

CR2E034 (12/95)