

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

**FILED**

**Jan 24 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # L55419 (0)**  
1. Corporation Name  
**DI LIDO/ABERDEEN INVESTMENTS, INC.**



Principal Place of Business  
**155 LINCOLN RD  
1111 LINCOLN ROAD  
MIAMI BCH FL 33119  
US**

Mailing Address  
**C/O DI LIDO HOTEL  
P.O. BOX 19-1380  
MIAMI BEACH FL 33119-1380  
US**

3. Date Incorporated or Qualified **03/07/1990** 3a. Date of Last Report **02/09/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **65-0336260** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**LAZAR, BRUCE E., ESO.  
1111 LINCOLN ROAD  
#500  
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**Lazar & Associates  
2901 Collins Avenue, Suite M**  
84 City **Miami Beach,** FL 85 Zip Code **33140**

**ADDRESS CHANGE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPBELL, ISABEL</b>	1.2 NAME	
STREET ADDRESS	<b>% 155 LINCOLN RD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOWENSTEIN, ALFREDO</b>	2.2 NAME	
STREET ADDRESS	<b>1550 LINCOLN RD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COONEY, JOHN W.</b>	3.2 NAME	
STREET ADDRESS	<b>169 LINCOLN ROAD #318</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>ASD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAZAR, BRUCE</b>	4.2 NAME	
STREET ADDRESS	<b>1111 LINCOLN RD</b>	4.3 STREET ADDRESS	<b>2901 Collins Ave., Suite M</b>
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>	4.4 CITY - ST - ZIP	<b>Miami Beach, Fl. 33140</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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.

**SIGNATURE:** *Isabelle Campbell* **Isabelle Campbell** **1/16/97** **305-538-0811**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)