

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

FILED
Mar 24 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # L55419 (0)
 1. Corporation Name
DI LIDO/ABERDEEN INVESTMENTS, INC.



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|--|---|
| Principal Place of Business 155 LINCOLN RD 1111 LINCOLN ROAD MIAMI BCH FL 33119 US | Mailing Address C/O DILIDO HOTEL P.O. BOX 19-1380 MIAMI BEACH FL 33119 US |
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DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---|-----------------|------------------------|-----------------|--|---|----------------------------|----|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/07/1990 | | | |
| 21 Suite, Apt. #, etc. | 22 City & State | 26 Suite, Apt. #, etc. | 27 City & State | 4. FEI Number 65-0336260 | | | |
| 23 Zip | 25 Country | 28 Zip | 30 Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 9. Name and Address of Current Registered Agent | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| LAZAR, BRUCE E., ESQ. LAZAR & ASSOCIATES 2901 COLLINS AVE STE M MIAMI BCH FL 33140 | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | | | 10. Name and Address of New Registered Agent | | Applied For Not Applicable | |
| | | | | 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | 84 City | 85 Zip Code | FL |

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 | S <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAMPBELL, ISABEL | 1.2 NAME | |
| STREET ADDRESS | % 155 LINCOLN RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOWENSTEIN, ALFREDO | 2.2 NAME | |
| STREET ADDRESS | 1550 LINCOLN RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COONEY, JOHN W. | 3.2 NAME | |
| STREET ADDRESS | 169 LINCOLN ROAD #318 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | ASD <input type="checkbox"/> DELETE | 4.1 TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAZAR, BRUCE | 4.2 NAME | |
| STREET ADDRESS | 2901 COLLINS AVE STE M | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | Judith Mathia |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 169 Lincoln Road |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Miami Beach, FL |
| 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 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: *Bruce Lazar* BRUCE LAZAR 2/1/98 305 535-8118

CR2E034 (10/97)